

IMPLEMENTING STATE POLICY IN A CHILDREN'S HOME: A TRANSFORMATION PROCESS

by

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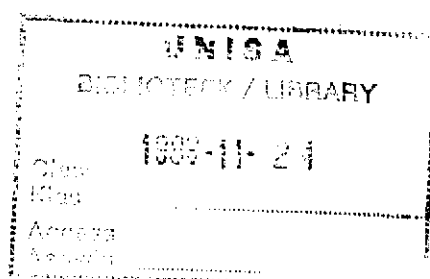
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SUMMARY

In the light of the transformation of the child and youth care system in South Africa, this thesis traces the progress of one residential child care facility, over 18 months, in its efforts to design an effective alternative way of working with youth at risk. The thesis presents an original research design model that draws on developmental research methodology which is implemented in line with the principles of participatory research. The new model is termed Participatory Developmental Research.

The general policy context of the study was provided by the policy proposals of the Inter Ministerial Committee on Young People at Risk (IMC). More specifically the process ran parallel to, and often in tandem with, one of the pilot projects of the IMC.

The study found that residential child care facilities are required to change their whole way of being if they wish to take on a developmental approach to working with youth. The value of adventure training and vocational skills training within developmental programmes for youth is examined. The impact of poverty on residential care programmes and on the process of returning youth to their communities is recognised. The study shows that real change has to filter through all elements of the work of an organisation and has to include appropriate development and training for the staff, especially the child care workers. The study presents two assessment tools for working with youth in residential care in the South African context. In addition the major findings of the research period are contained in a training manual which has been made available to other residential care facilities.

Key terms

residential care, youth-at-risk, IMC policy, transformation of the child and youth care system, developmental research, participatory research, assessment of youth within the South African context.

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Glossary of South African terms

BQCC	Basic Qualification in Child Care
chicks	Colloquial expression meaning “girls”
chommie	Colloquial expression meaning “friend”
dagga	Marijuana
Grade	SA primary and secondary school system is made up of 12 Grades
IMC	Inter Ministerial Committee on Young People at Risk
NACCW	National Association of Child Care Workers
NQF	National Qualifications Framework: part of the transformation of the educational system in the country
ubuntu	African philosophy: “you are who you are only in relation to others”

Chapter 1

Introduction

1 INTRODUCTION

This thesis reports on the development of a social technology – the technical means by which social intervention objectives are achieved (Thomas 1985: 484) to promote effective work with youth in a residential care facility in King William's Town, South Africa. The research model used was developed for the study and is a synthesis of developmental/intervention research (Nel & Nel 1992; Rothman & Thomas 1994) and co-operative or participatory research (Heron 1996; Reason 1994). The thesis aims to make a contribution to social work knowledge at the levels of innovative child and youth care work in residential settings and at the level of developing more participatory models of social work research.

The time frame of the study is the 20 month period from June 1996 to April 1998 and although the whole Children's Home formed the context, the research focus was on 45 adolescents in residential care and the staff who worked with them.

This chapter outlines some of the background to the project and sets the context of the project itself. The thesis is organised in terms of the stages of the research model to allow for a critique of the model and of the technology developed.

2 CONTEXT OF THE STUDY

2.1 KING WILLIAM'S TOWN CHILDREN'S HOME

2.1.1 THE HOME AND ITS DEVELOPMENT

The Children's Home which formed the residential care context for the project was the King William's Town Children's Home¹ (incorporating Woodlands Children's Home) which is located on two campuses and in three group homes in and around the town of King William's Town

¹ In May 1998 this Home changed its name to the King William's Town Child and Youth Care Centre to reflect the range of services offered which include residential care and community-based programmes. However, the name King William's Town Children's Home is retained in the thesis for historical accuracy as the period reported on mostly precedes the name change.

which is six kilometres from Bisho, the capital of the Eastern Cape Province. Since the incorporation of the Woodlands Children's Home in January 1996, King William's Town Children's Home (hereafter the Home) can accommodate a maximum of 160 children and youth. In the apartheid era (and before) the King William's Town Children's Home served a predominantly white community while Woodlands Children's Home, owned and run by the Catholic church, served a predominantly black community. Small scale integration of races in the King William's Town Children's Home predated this research project by many years but was not effected on the Woodlands campus, which is placed in a semi-rural village outside of the main town. With full managerial incorporation at the beginning of 1996, full racial integration of staff and children was achieved, resulting in a demographic profile that is representative of the country's population. The predominantly white management of the Home has been transformed to facilitate a more racially balanced management system. This level of racial integration is unparalleled in historically white Children's Homes in the Eastern Cape² and possibly nationally. The King William's Town Children's Home is a private facility which receives a State subsidy for its residential care services that covers in the region of half of its costs – the rest of the costs must be met through fundraising.

Other than the residential care service the Home offers to about 160 children, it also operates a creche on the ex-Woodlands campus³ for the younger children in residential care and for village children. The Home has also recently (October 1997) launched a Life Centre – called Phand'ulwazi⁴ – based on the Servol model from Trinidad.

² In comparison to two other historically white Homes in the Province, King William's Town Children's Home is the only one which has achieved such integration. EP Children's Home still has less than 5% children who are not white and the percentage at the East London Children's Home is still less than 10%.

³ This campus is now known as "Izeli" as it is located within the Izeli village outside King William's Town.

⁴ Phand'ulwazi is a Xhosa phrase meaning "knowledge discovery". This Life Centre is being funded by and piloted for the Inter Ministerial Committee on Young People at Risk. Life Centres are part of a programme in Trinidad where youth at risk receive life and occupational skills training for a year in an effort to facilitate their independent and constructive social functioning. Participants are youth who have dropped out of school or have been in conflict with the law. Life Centres are not residential care facilities and are community owned and based.

Parallel to the process of intervention and technology development explored in this thesis, King William's Town Children's Home and Outward Bound (hereafter OB) piloted the use of wilderness experiences for adolescents (16 years and over) from the residential care context and from a local disadvantaged community⁵ for the Inter Ministerial Committee on Young People at Risk⁶ (hereafter the IMC). They sought sympathy and synergy between their practice principles and planned a process that would enable the Home to use Outward Bound (see page 27) as one part of an integrated intervention programme for youth with the aim of promoting independent and productive functioning in society.

The IMC pilot involved a staff team of six child and youth care workers, a social worker, an occupational therapist, the managers in the child and youth care system and the director; and 45 youth in residential care and 12 community youth. This group also formed the core group of the research process reported on in this thesis.

2.1.2 THE RESEARCH GROUP WITHIN THE HOME

2.1.2.1 The youth involved in the IMC project: the core study group

The reasons for the youth in this project (N = 45) being placed in care include abandonment (n = 14); poverty (n = 14) and alcohol abuse (n = 13). Figure 1 illustrates all the reasons these youth were placed in care and is based on the information in the statutory reports written at the time of admission or from Section 16⁷ reports if no Children's Court reports were available on the files.

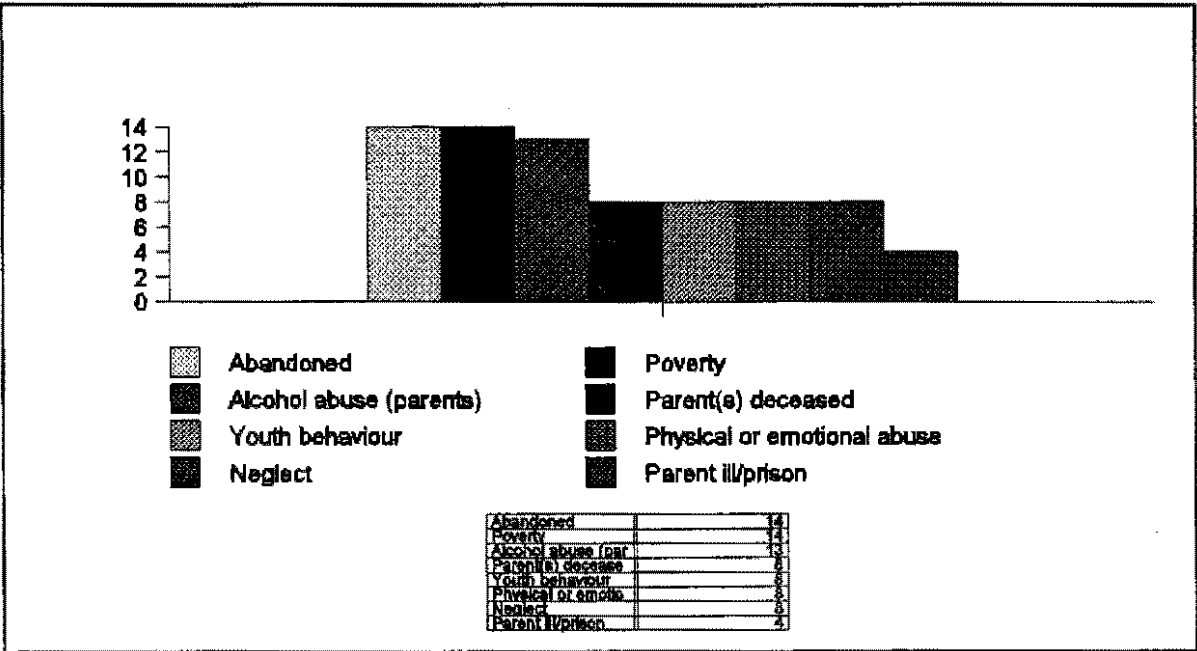
⁵ These youth were adolescent boys from a local area called Breidbach. Under the apartheid system this was a "coloured" township about 6 km outside of King William's Town. There is only one access road to this area which enters the township over a single lane bridge. There are no shops in the area. There is a primary school, a high school and a community centre with an attached clinic. The area is characterised by poverty although there are pockets of "middle class" houses. Basic water, electrical and sanitation services are provided and most of the roads (not all) are tarred. Most of the involved youth were from sub-economic housing areas in one section of the township.

⁶ The Inter Ministerial Committee on Young People at Risk (IMC) is a committee set up by the Cabinet in 1995 and tasked to transform the child and youth care system in the country. It represents seven national ministries and other stakeholders in child and youth care.

⁷ Section 16 of the Child Care Act (no 74 of 1983) says that a progress report must be written on every child in care every two years.

Sixty-one percent (n = 94) of all of the children and youth in care in the Home are there for reasons associated with poverty with 14% (n = 24) of the total having been abandoned and 38% (n = 58) coming from homes where the abuse of alcohol was a reason for the child being placed in care. Thus in terms of reasons for placement, the adolescent group in this study does not differ significantly from the rest of the children and youth in care. The following pie chart indicates the reasons for admission for the youth in this study, as taken from the statutory reports written at the time of admission (or the Section 16 reports if there are no Children’s Court reports available on the files). Note that most youth were removed from the care of their parents for more than one reason which is why the total reasons reflected below is 77.

Figure 1
Reasons for the placement of the 45 youth in residential care



Most of the youth had been in care for an extended period of time prior to the IMC pilot project and 13 were discharged during the course of the project. The boys (N = 27) had been in care for an average of 70 months with an average of 46 of those months being in this Home. The girls (N = 18) had been in care an average of 118 months with an average of 72 of those being in the care of this Home. Fifty-six percent (n = 89) of all of the children in care in the Home have been in care for more than two years.

The average age of the boys in the first intake⁸ (N = 20) was 15 years and 7 months at the beginning of the programme (June 1996) with a range from 14 years and 2 months to 18 years and 5 months. In the second intake of boys the average age (N = 7) was 16 years and 5 months (as at January 1997) with a range from 15 years to 17 years and 3 months. In the first intake of girls (N = 16) the average age was 15 years and 10 months with a range from 14 years and 6 months to 17 years and 8 months. The second intake of girls (N = 2) averaged 15 years and 6 months.

Educationally almost none of the youth are in age-appropriate standards. The average school level of the first intake of girls in 1996 was Grade 7 which is three to four years behind the age-appropriate level. In the first intake of boys the average school standard was Grade 6 in 1996 which is four to five years behind the appropriate level. The second group of boys had an average school level of Grade 5 which is five to six years delayed. Nine of the youth were in special education or training centres. Fourteen youth were withdrawn from school during the course of the project as they were not making progress and were so far behind their peers that they were not likely to catch up. For each of these, vocational and occupational skills training was provided to facilitate independent functioning on discharge.

The racial⁹ composition of the group was 32 black (predominantly Xhosa-speaking); eight mixed heritage¹⁰ (mostly Afrikaans-speaking) and five white (mostly English-speaking).

⁸ The project started with one group to which nine other youth were added after the completion of the first cycle of Outward Bound courses. These are known as the first and second intakes.

⁹ The racial breakdown is given only to support the assertion that this is a demographically representative group but no analysis is done in the thesis on the basis of race.

¹⁰ This term is preferred to "coloured" although there is discomfort in any label of this nature.

The group compares with the general population of the Home as follows:

Eighty-two percent (n = 131) of the youth are over 11 with 29 girls and 25 boys being over 16. This is to be expected in residential care which caters most often for older children not readily placed in foster care. Sixty-nine percent of the children are black, 17 % are coloured and 13% are white. Boys make up 52% of the children in the Home. The research group is thus adequately representative of the older children in care in this Home.

2.1.2.2 Research group: staff

The six child and youth care workers were all Xhosa-speaking women who had been employed as child care workers for an average of 6 years and 3 months at the end of 1997. Four had the Basic Qualification in Child Care¹¹ and three had a matric certificate. None have more advanced child care qualifications although each had done at least four short courses in the field (such as sexual abuse management or professional assault response training). These women worked in the adolescent only, single gender units dedicated to the IMC pilot (two for boys with four child care workers and one for girls with two child care workers) at the start of the project and after the disbandment of these units took responsibility for mixed age and gender units but remained within the study group. The senior/manager child care workers were the programme manager and the supervisor¹² both of whom are English speaking women with extensive child care qualifications. The social worker and occupational therapist both had the relevant university-level qualifications. Together these people made up a focus group (van Rooyen 1998: 87) which formed the core of the participatory team.

2.2 NATIONAL POLICY CONTEXT

The Cabinet mandate to the IMC to transform the child and youth care system made it imperative for those working within this system to critically assess their practice. This was further necessitated when the policy proposals generated by the IMC became Cabinet mandated policy

¹¹ The Basic Qualification in Child Care (BQCC) is a non matric level certificate course compiled and administered by the National Association of Child Care Workers.

¹² They were promoted to residential care manager and campus manager respectively in late 1997

for the transformation of child and youth care in the country late in 1996, which included acceptance of the IMC eight-year timescale for the process of transformation (IMC 1996b: 102-103). Residential child care services are (according to this policy) a level four service – they are thus lowest in terms of priority for future funding (IMC 1996b: 24) – and it is government policy that by the year 2004 (Phase 4) level four services will be receiving the least resources in the system whereas prior to 1996 they were receiving the most (IMC 1996b: 103).

Within this framework it has become imperative for residential care services to reassess and redirect the work they are doing to ensure their survival in the next century.

2.3 RESEARCH METHODOLOGY CONTEXT

2.3.1 PHILOSOPHICAL POSITION

Silverman (1993: 200) said that “everything is situated in particular contexts” and thus that no one discourse can be seen to provide a view of a single reality or of an essential form of “scientific practise.” Instead, the debate in social research should more properly be around how, when and why a specific discourse is invoked in relation to other discourses (Silverman 1993: 201). Thus, in setting the context of this thesis it is necessary to make explicit my own discourse of philosophical assumptions so that the work that follows can be judged according to that particular discourse.

My philosophical position on research is largely subjectivist as I argue that research is about the search for meaningful relationships and the discovery of the consequences of relationships for action. Organisations are seen as invented social realities and stakeholders are viewed as having different values and different abilities to influence the organisation with which they are involved. Not only does this mean that people have different world views but also that even when using the same words to describe a perception they may in fact be representing different experiential realities. Heron (1992: 9) speaks about research seeking a “unitive discourse” which is taken to mean seeking an understanding of social realities that is shared rather than imposed or assumed. In a quest for a unitive discourse, research becomes necessarily co-operative to allow both the researcher and the researched to enter “fully reciprocal relations” (Heron 1996: 3) which aim at developing both interventions and theory. It is a different approach from action research which

is more focussed on problem solving than theory building (Heron 1996: 7). The approach used acknowledges the involvement of the individual in creating perceptions of the world (Heron 1992: 148) to avoid any research position in which the separation between the researcher and the researched is a separation of the knower from the known – this would be the assumption that there is an objective space “out there” from which things can be observed and understood by a researcher who is not fully involved in the context (Reason 1994: 11). Research that is not participatory leads to fragmented conceptualisations that are biased by a Westernised objectivised epistemology (Reason 1994: 13) which separates intellect from experience and places increased value on knowledge that is propositional rather than “intuitive, practical, affective, analogical or spiritual” (Reason 1994: 12).

Research is, in any of its forms, a quest for knowledge but in this paradigm it is based on the premise that knowledge is not value free and that it is not an objective state of irrefutable fact. Instead, it is part of a reality that is influenced by those living in it (Heron 1992:9). The subtlety then is that knowledge itself is elusive as there is a great difference between that which we simply “opinion” to be true and that which we believe. Equally, there is a difference between that which we believe and that which is commonly called “knowledge”. For many constructivists (such as Heron 1992; 1996 and Reason 1994) it is sufficient to seek well-grounded beliefs as a “belief, as against mere opinion, has some supporting warrants – intuitive, intellectual and experiential – but the warrants are not sufficient to justify a claim to knowledge. At the same time it is not mere abstract speculation ... It is a peculiarity of the human condition that we must conduct many of the intimate and demanding aspects of our lives on the basis of reasonable belief rather than on any secure claim to knowledge” (Heron 1992: 9, 11). What can be said about knowledge in this way can also be applied to the whole value base that underpins the human condition. Especially in South Africa where the value bases are often divergent (collectivist or individualistic) it is important to develop a research ethos that allows one to “consciously and deliberately blend a heterogenous society like South Africa’s” (Collins 1999: 14¹³). This is most effectively done if a constructivist world view is applied.

This constructivist position based on the Greek philosophy that “each of us knows things in different ways ... hence we occupy different experiential realities” (Fisher 1991: 3) is often

¹³

This work is in preparation at the time of writing this thesis.

obscured by the ongoing arguments that social scientists have about how experience is classified. If constructivism is reduced to a system of classification (Fisher 1991: 3), any agreement on classification tends to the false assumption that a common reality has been identified. Instead it is necessary to view “knowledge”, or reasoned belief, as a social construction that has a use (a purpose or function within the social schema) which defines how useful it is for those who require the knowledge for application in lived realities (Fisher 1991: 8). There is no possible ownership of “the truth” (Fisher 1991: 14) as is espoused in an objectivist position and consequently there are rarely simple solutions to human problems (Fisher 1991: 7). This should not be taken to mean that nothing can be “known” or that the social constructions are so individualised as to be meaningless – instead the position taken is that the context is relevant and important for the application and understanding of the quest for answers to human problems.

This brief overview of the differences between the important epistemological positions of the objectivist and constructivist paradigms is supported in Table 1. Constructivism informs the work in this thesis.

Early conceptualisations of this position would have resulted in what is broadly characterised as “qualitative research,” including ethnography, participant observation, case studies, phenomenological studies, which have in common the study of people within their social contexts to seek an understanding of them in “terms of their own categories and constructs” (Heron 1996: 27). What is lacking in these approaches is the participation of the researched in decisions about the research itself. Qualitative texts (Epstein 1985; Silverman 1993) do not provide for participation and do not suggest that it is an essential inalienable part of an effort to work within the world view of the researched.

While a constructivist researcher would seek, in all integrity, to gain from subjects their world view and the constructs they use to classify the human experience (Fisher 1991: 145), the researcher (even in participant observation) is outside, or above, the situation making sense of the information he or she is gathering and organising it in terms of the constructs used by others (most notably academics) to classify the human experience of other people.

Table 1

Epistemological positions: objectivism and constructivism (adapted from Fisher 1991: 15)

Objectivism	Constructivism (sometimes referred to as: Subjectivism)
Reality exists “out there”	Reality is a constructed experience. That is, a person is involved in creating his/her own reality.
Truth about reality is available.	Truth is relative to the frame of reference of the observer system – that is truth, is relative to the person with the experience of it.
Knowledge is a set of verifiable facts.	Knowledge is constructed as a product of social and individual assumptions and it is developed through language.
Meaning resides externally in symbols and in combinations of symbols. Meaning can be understood by all who share the symbols.	Meaning is constructed internally and socially as a process of interpretation.
Process of knowing occurs through categorisation and conceptualisation.	Process of knowing is an ongoing process of interpretation of present events within the interpretive framework of the person.
Science is a method used to discover reality and truth.	Science is another interpretive process through which observers test consensually derived distinctions for their utility.
Causality is linear.	Recursivity replaces concepts of causality. Each element in a system provides conditions of operation for other elements in the system.
Person Behaviour is determined and can be explained only if we understand all relationships between variables.	Person Behaviour is indeterminate and people have agency and choice which is constrained by the recursive relationships between self and the environment.

The participatory paradigm (Heron 1992; 1996 and Reason 1994) is different – it suggests research that is done *with* people rather than *on* them (objectivist, “quantitative” positions) or even *about* people (qualitative; early constructivist ideas). Full co-operation and participation of the people being researched accepts the political position that the participants have the right to participate in design so that they “can manifest fully their values in the way knowledge about them is generated” (Heron 1996: 28). This empowerment of the researched is not only about being able to voice their own views and concerns and “act in ways they judge to be productive” (Heron 1996: 28) but also so that they can be involved in shaping the way in which they are empowered by shaping the way the research itself is done. Philosophically, participatory research is a

“reaction against the control of knowledge by the elite few” (van Rooyen & Gray 1995: 88) which focuses on the potential for empowerment of people through the joint creation of knowledge (van Rooyen 1998: 81).

Adherence to this paradigm is attractive but complex and extremely challenging as is discussed throughout this thesis. One example is given as an illustration of this point:

During one of the wilderness encounters a white instructor hit a black youth to “teach him what it feels like” after the youth had assaulted another youth. He based his action on his Judeo-Christian belief that corporal punishment is appropriate and necessary and that he had not violated the rights of the child. Other black youth experienced the incident as racist and frightening while one white youth said that the youth concerned “had deserved it”. The management of Outward Bound experienced the incident as a violation of the policy of the organisation and the Children’s Home viewed it as reflecting a lack of understanding of “the child care paradigm”. Any qualitative methodology would have given me access to all these meaning levels. But in the spirit of collaboration we met as a set of groups (some including me and some deliberately excluding me) to work with these different views and ended this with a collective decision about the actions needed to restore peace and trust: an apology by the instructor to the youth and other youth; supportive counselling and discussion with all the youth; increased exposure to training for the instructor and a reworked report on the incident from Outward Bound to the Home. In this way all involved took responsibility and ownership of the situation and the instructor was not scapegoated. This use of a focus group of people who have appropriate knowledge, experience and expertise to “debate and consider their own views in the context of other views” (van Rooyen 1998: 86) was characteristic of the participatory methodology used throughout the process.

Irrespective of the participatory nature of research, one of the ultimate processes is to assess or evaluate the processes and products of the intervention being studied so that decisions can be made about effectiveness and efficiency. Such assessment occurs in a value framework which in this study was drawn from the accountable practise of social work; the paradigm principles of the Child and Youth Care Policy (IMC 1996a) and the ethics of the child and youth care discipline (Beukes & Gannon 1993: 47-48). In the process of seeking knowledge that “increases our

understanding” (Whitmore 1994: 98) rather than claiming to reveal an absolute truth we need to develop an approach to evaluation that recognises that “evaluation is an art, and every evaluation represents, or should represent, an idiosyncratic effort to meet the needs of the programme sponsors and stakeholders and yield maximally useful information for decision-makers given political circumstances, program constraints and available resources” (Rossi & Freeman 1993: 30). Technical adherence to the principles of “scientific enquiry” (Rossi & Freeman 1993: 33) are secondary to the importance of generating useful information but this does not replace rigour. Evaluation must be contextually responsive and accepting of the fact that change is an ongoing process and that within any natural context there are ongoing shifts in the decision-making milieu; changes in the interests of stakeholders; changes in the priorities and responsibilities of the organisation; changes based on early evaluation findings that have assisted the identification of weaknesses and changes as a result of problems of design (Rossi & Freeman 1993: 28). All of these must be taken into consideration in practice based evaluation.

2.3.2 MODELS WITHIN THIS PHILOSOPHICAL POSITION

Given that the aim of the process was to develop a new intervention approach (a technology) and that this would best be achieved, and would likely be sustainable, if it was collaborative (Mohanty in Kahn 1994: xvii – foreword), it was essential to find a methodological paradigm that would facilitate a developmental approach in a shared process of collaboration. The 1994 book Intervention Research (Rothman & Thomas 1994) brings together more than two decades of the evolution of the developmental model of research which has become seminal in the work in this area (Nel & Nel 1992: 12). Other related work is found in the evaluation research paradigm (Rossi & Freeman 1993); participatory action research (Hart & Bond 1995; Whyte 1991); action science (Argyris, Putnam & Smith 1985); and participatory research (van Rooyen 1998; van Rooyen & Gray 1995). As “evaluation research is the systematic application of social research procedures for assessing the conceptualisation, design, implementation and utility of social intervention programmes” (Rossi & Freeman 1993: 5) and as it is viewed as an ongoing process that requires constant revision and remains responsive to its context, it has many parallels with intervention (developmental) research. The researcher’s involvement over an extended period of time

and the latitude to change elements of design as well as implementation finds resonance in the approaches and strategies of participatory (action) research.

In any participatory research, members of the organisation or community are actively involved in the generation of information and in the development of the ideas needed to guide their future actions (Whyte 1991 cited in Hart & Bond 1995: 26) – the people involved in the production of knowledge are thus those most affected by it (van Rooyen 1998: 80-81). Action research then is research which aims at the establishment of conditions which make self-reflection within an organisation possible. Members of the organisation become a critical community committed to the analysis, understanding and improvement of their own work (Hart & Bond 1995: 31; van Rooyen & Gray 1995: 89).

Action research is educative; it deals with individuals as members of social groups; it is problem focussed, context specific and future oriented; it involves a change intervention and is aimed at improvement and involvement. It involves a cyclic process in which research, action and evaluation are interlinked and it is based on a relationship in which the researcher and the programme participants are part of the change process (Hart & Bond 1995: 39).

The hallmark of all three of these approaches (developmental/intervention research; evaluation research and participatory research) is the process of participation and collaboration between the researcher and those within the context. Heron (1996: 9) argues that where these approaches all differ is in terms of the extent to which this participation and collaboration is structured. He provides two analytical tools – one of which is the extent to which the collaboration results in the democratisation of content and the second in which the collaboration results in democratisation of research method. He argues that traditionally research that has sought collaboration has shared (democratised) decisions about content but the researcher has remained the expert on method. What Heron (1996:9 and 11) terms co-operative enquiry is a fully democratised process where the researcher and the “researched” enter into a fully participatory process designed to develop a shared understanding of the subjective-objective experience of both. This participatory process implies that “*every* (my emphasis) unilateral design decision of a social researcher imposes personal preferences and values on those being studied and is thus oppressive and disempowering, however enlightened the values” (Heron 1996: 18). The need for democratised research in the

South African context is self evident in line with the push towards collective action, participation, popular involvement or any of the other terms which characterise current welfare policy (van Rooyen 1998: 80). While there is little doubt that participatory methods resonate with the move towards developing “human capacity and self reliance” (White Paper for Social Welfare 1997: 5) it would be simplistic to view participatory methods as a panacea (van Rooyen 1998: 80) for all the imbalances in the current knowledge use and knowledge generation practices within social work in South Africa. This study for instance faced particular challenges in this participation process which will be analysed later (see page 28).

Van Rooyen & Gray (1995: 90) and van Rooyen (1998: 81) have drawn attention to how difficult it was to find methodological models of the implementation of the participatory model and it was for this reason that I looked for an appropriate methodological model that could be adapted within a participatory paradigm.

2.3.3 INTERVENTION/DEVELOPMENTAL RESEARCH

Developmental research aims to produce a service model or a social technology or intervention practice (Thomas 1985: 593; van Rooyen 1994). The term preferred by Thomas who initially developed the model is “social technology” which has already been defined as all the technical means by which social work objectives are achieved and these range from physical structures to service programmes to organisational arrangements. The components of these technologies do not remain fixed as they are required to be responsive to the dynamic world of social work and its context (Thomas 1978:98). Because of the nature of the residential care context this particular technology (a Manual reflecting the intervention approach) is a social service, rather than simply a social work, technology.

This technology could function on any one or more of the following levels/areas (Thomas 1985: 592) as applied to the Home : the physical frameworks of the Children’s Home and partner organisations; information systems used to keep information about the children and their progress; assessment methods used to decide what the needs of the children are and the progress they are making; intervention methods used on all levels to attempt to meet the needs – in this case casework, group work, skills training and other professional input; service programmes, that is,

the over riding design of the intervention methods; the organisational structures – that is the way in which the Children’s Home structure facilitates or hinders the processes of the project; and the service systems, that is those specific mechanisms set up to deliver the services offered.

The developmental model itself has evolved significantly since the 1970s writing of Thomas (1978: 95-116) and some sources cite work from the 1960s (Rothman & Thomas 1994: 23) as marking the beginning of the development of this model. Different authors have interpreted the model a little differently in terms of what they consider to be its essential components – normally these are phases and requirements linked to tasks to be completed (Nel & Nel 1992; Rothman 1989; Thomas 1985; van Rooyen 1994). Common to all of the models is a great deal of flexibility in terms of how the data for the research process is collected because of the recognition that this is contextually determined.

The developmental model has recently been encapsulated in the term “Intervention research” which “provides a framework for work in social research and development” (Rothman 1989: 13) and covers research methodologies ranging from Thomas’s developmental research; Rothman’s social research and development to Fairweather’s experimental social innovation methods (Rothman 1989: 13; Rothman & Thomas 1994: 6). All of these have unique characteristics but they are all unified in the aim of producing and developing useful intervention techniques (Rothman & Thomas 1994: 8). Research in this model seeks to generate new knowledge as does all research but, most importantly, it aims to develop practice tools (Rothman 1989: 13).

2.3.4 INTERVENTION RESEARCH AS IT IS CURRENTLY UNDERSTOOD

Intervention and development research authors do not give attention to implementing their processes in a participatory or collaborative way (Heron 1996; Reason 1994) and it is clear that intervention research could be used in a fairly top down prescriptive manner where the information on which the new innovation is based is elicited from users but they are not consulted in the construction of the technology because the researcher remains the “expert” (Ludick 1996; Steyn 1992). Some approaches (Rothman & Thomas 1994: 11) offer the users a role as “participant” in the intervention design but not as designer of the research: there is an implicit assumption in the writing that the researcher will know best *how* to collect the data required for an assessment of

the problem although the people within the community or organisation will be involved in defining the problem and perhaps even in collecting the data.

According to Rothman and Thomas (1994: 5) the place of knowledge (theory and practice based) in the intervention research model is best understood in terms of the “facets” of the model. These authors argue that research develops knowledge (KD) by applying existing social and behavioural science research to a particular context and thereby developing a knowledge base for that context; utilises knowledge (KU) by taking the knowledge developed and using it to plan the principles of an intervention; and most importantly, uses the knowledge that has been developed and applied to design and develop specific interventions (D&D) for a specific context or context type (such as residential care) (Rothman & Thomas 1994: 9).

The Design and Development of interventions (D&D) is dependent then on the development of knowledge (KD) and the utilisation of that knowledge (KU) as illustrated in Table 2 (page 17).

This interplay between existing knowledge (KD) which is contextually applied (KU) means that the model can be used in any context and has been used in South Africa in areas as diverse as the development of gestalt play therapy for children (Ludick 1996), which draws heavily on psychological knowledge for use by social workers, and stress management programmes in in-patient communities (Steyn 1992), which uses sociological understandings of stress.

Table 3 (page 18) illustrates how the developmental model itself has evolved as the knowledge developed about the model (KD and KU) has led to different ways of working within the broad model (D&D). The table represents the shift over only five years from Rothman’s (1989: 14) independent work listing nine essential steps of any intervention research methodology to the collaborative work of Rothman and Thomas (1994: 9) referred to as an integrated model of design and development which consists of six stages.

The principles are shared although the model structure varies: practice-based problem identification leads to a review of existing information which leads to the design, implementation and evaluation of an intervention technology to address the problem.

Table 2

Knowledge Development, Knowledge Utilisation and Design and Development
(adapted from Rothman & Thomas: 1994: 7).

		Facets of intervention research		
		Knowledge Development (KD)	Knowledge Utilisation (KU)	Design and Development (D&D)
Areas of difference	Objectives	To contribute knowledge of human behaviour	To apply knowledge of human behaviour	To evolve new human service technology (eg treatment methods; programmes; systems; services or policies)
	Methods	Conventional behavioural and social science research methods	Transformation and conversion of available knowledge into application concepts and theories relevant to given target populations, problems and intervention methods	Emerging methods include the means of problem analysis, intervention design, development, evaluation and dissemination and related techniques
	Outcomes	Information about human behaviour in the form of, for example, concepts, hypotheses, theories and empirical generalisations	Such applications as changes in the understanding or practices relating to populations, problems or interventions in the human service	Such technical means of achieving human service objectives as assessment and intervention methods and service programmes, systems and policies

Van Rooyen (1994: 19) writing for a South African audience, suggests the use of the model set out by Thomas (1985: 488) because this exposition links the phases to the material conditions that exist when the phase is being implemented and to the tasks (or operational steps) that must be followed to achieve completion. When set out in this way the model comprises three phases of Analysis, Development and Evaluation. However, the work of Nel and Nel (1992), which is also for a South African audience, is more logically contrasted with the most recent work of Rothman and Thomas (1994) and for this reason (because it is closely allied to the latest literature on the method) is the one presented in Table 4 (page 18).

Nel and Nel’s (1992) developmental model appears to be a successful way of developing a new social technology but it does not provide sufficient direction for working in a participatory way with the role-players within the context. This thesis therefore, developed the Nel and Nel (1992)

model to strengthen its participatory nature using the work of Heron (1992, 1996); Reason (1994) and van Rooyen and Gray (1995: 90-92). The experience of working collaboratively in this context helped to refine the model which is termed “Participatory Developmental Research” and which is illustrated in Table 5 on page 19.

Table 3
Development of developmental research model: 1989-1994

Intervention research (Rothman 1989: 14)	Integrated model of design and development (Rothman & Thomas 1994: 9)
1 Identify a practice related issue	1 Problem analysis and project planning
2 Retrieve pertinent existing knowledge	2 Information gathering and synthesis
3 Synthesise knowledge and generated generalisations	
4 Aggregate situational information relating to proposed policies and solutions	
5 Design an intervention modality	3 Design
6 Conduct a field test	4 Early development and pilot testing
7 Conduct developmental research of implementation in additional sites	5 Evaluation and advanced development
8 Package the product	6 Dissemination
9 Disseminate the information	

Table 4
Integrated models of developmental research

Integrated model of design and development (Rothman & Thomas 1994: 9)	Integrated development research model (Nel & Nel 1992: 13)
1 Problem analysis and project planning	1 Analysis
2 Information gathering and synthesis	
3 Design	2 Design
4 Early development and pilot testing	3 Development
5 Evaluation and advanced development	4 Evaluation
6 Dissemination	

Table 5
Participatory Developmental Research

Stage	Processes and tasks
Entry and Analysis	Initiatory seminar Problem definition and analysis Feasibility study Information gathering from organisational perspective Information gathering from broader perspective Final problem definition and goal setting
Design	Developing participation in design Co-operative problem solving based on goals Design a practice model based on aspects of problem: specify roles and competencies along with process Plan intervention and monitoring and assessment
Development	Implement design Monitor implementation Assess implementation using data from context Refine and implement (initiate a cycle of refining in this manner)
Collaborative evaluation	Evaluate all aspects of design using Heron's (1996: 170-171) criteria Refine model in form that can be used by others Disseminate for comment and evaluation Implement in other sites if possible Plan the sustainment of the practice in original site (way forward)

2.3.5 PARTICIPATION AS A STARTING POINT

Neither Nel and Nel (1992) nor Rothman and Thomas (1994) describe the early phases in such a way that there is active participation of those within the site beyond their recognition of the existence of the problem. In the Design phase Rothman and Thomas (1994: 11) indicate that it is important to consider what the role of users will be and how the design team will be constituted while Nel and Nel (1992) do not explore this at all. In fact Rothman (1994: 83) speaks of entering a context so that the intervention designed can be tested within the domain of ultimate users – this implies only the necessity to test within a “real site” but not the necessity to involve the site in the design of the technology. He goes on to suggest that agencies should be

approached at least six months in advance, “invite[d]” to offer suggestions on research objectives and even to make “operations, if possible, ... tangibly benefit the agency program” (Rothman 1994:90). There is in this description much of what Reason (1994: 41) views as doing research on people – when the research process is “directed and determined by the researcher”. From the beginning this study aimed for the process of doing research with people, and this required, according to Reason (1994: 41), an active relationship with them that would recognise the right of people to actively direct the research process and to have significant and meaningful participation in it (Heron 1996: 28).

Rothman (1989:14-15) recognises the need for a researcher, who is rarely from within an organisation, to build relationships between the research team and the host organisation where the work is to be done but this still does not provide for the political dimension of the researcher’s presence (Kahn 1994: 2) or the implicit hierarchical relationship in which the researcher is in control. It is here where the attitude of Heron (1996) and Reason (1994) is fundamental and which is known in Africa as *ubuntu* (Boon 1996: 31) – that people are only people because of other people. Heron (1996: 201) uses strikingly similar words: “persons are only persons in equal and reciprocal relation with other persons”.

Throughout this study I have attempted to respect what I prefer to refer to as *ubuntu* but which Heron (1996: 200) views as co-operative enquiry and Reason (1994: 20) views as original participation. This view of people has been placed above the more hierarchical, although infinitely respectful, approaches as outlined in the work of Rothman and Thomas (1994).

Rothman (1994: 95) suggests that a researcher working within an organisational context requires the ability to function in complex, uncertain and ambiguous situations. The skills required include an ability to learn programmatically; negotiation skills; flexibility; capacity to respond rapidly to requests and communication skills. These alone do not guarantee success as the process may still be hindered by unexpected dynamics (Kahn 1994: 4) which is why Reason (1994: 35) suggests that success in this kind of research is determined by the ability and willingness to participate in the lives of others in both a self-aware and self-reflective manner. This means giving up the hierarchical imperative and giving ownership of the process to the organisation. Van Rooyen and Gray (1995: 90) and van Rooyen (1998: 82) speak of the need to have the problem “defined by

the people affected” and of the “negotiation and contracting” that precedes the actual work of the phase but these authors do not offer concrete suggestions as to how the participatory process can be made part of the organisation’s processes – they do not suggest how real ownership can be facilitated.

3 **CONCLUSION**

This chapter has outlined the philosophy of this research process drawing attention to the importance of the participatory process. The thesis itself is structured around the phases of the Participatory Developmental Research model which was developed for this thesis. The work of Rothman and Thomas (1994) and Nel and Nel (1992) will be extensively used to provide the context for the new model.

Chapter Two

Entry and Analysis

1 **INTRODUCTION**

Broadly speaking, the first part of a developmental research process is centred on developing a clear analysis of the problem to be studied within its context. The context includes the state of all other technology available to address the problem and the feasibility of seeking innovative solutions and interventions. Working within the participatory paradigm however, the first important imperative is to gain entry to the site in such a way that the research relationship is set up in a collaborative manner.

This is followed by problem analysis and goal setting which in this study was achieved by synthesising the suggestions of Nel and Nel (1992) and Rothman and Thomas (1994) with the work of Heron (1996) and Reason (1994).

This chapter discusses the Entry and Analysis Stage of the Participatory Developmental Research Model as indicated in the table below.

Table 6

Entry and Analysis: Participatory Developmental Research

Stage	Processes and tasks
Entry and Analysis	Initiatory seminar Problem definition and analysis Feasibility study Information gathering from organisational perspective Final problem definition and goal setting

2 ENTRY AND ANALYSIS: A FIRST STAGE IN A PARTICIPATORY DEVELOPMENTAL RESEARCH MODEL

2.1 ENTRY

The first step of the research process is best termed “Entry” and it should form the first part of the “Analysis” (Nel & Nel 1992) phase. Ideally, the process should be started with an organisation or group approaching the researcher to assist in solving a perceived problem (van Rooyen & Gray 1995: 90) rather than the more top down approach of the researcher making the initial contact. It is possible to work collaboratively in the latter scenario as long as the processes of establishing collaborative relationships (De Venney-Tiernan, Goldbland, Rackham & Reilly 1994: 120) are given even more attention than would be the case if the organisation made the approach. This is necessary to ensure a truly collaborative relationship in which the relationship between the researcher and the organisation is free from suspicion and mistrust of the motives of the researcher (Kahn 1994: 5).

An initiatory seminar (after Traylen’s (1994: 62) introductory seminar) is a useful way of laying the foundation for a partnership in the research process. The researcher and the people within the research site (usually an organisation) should enter into a period of getting to know each other and clarifying expectations before entering into a period of analysing the problem. It is at this point that the “rules” of the process are set in place and the researcher is able to negotiate access to staff and service recipients at all levels and to set up a research team.

By insisting on such a process with the management or power structures of the organisation the researcher is able to model from the beginning the way the research will be undertaken.¹⁴ It is my assertion that without this initiatory seminar it will not be possible to implement the model collaboratively as this initial step sets the groundwork for a particular kind of relationship in which power and responsibility are shared from the beginning.

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In some settings it may be necessary to do this at two levels – first with the power structures so that permission to proceed in this way can be obtained and then with the staff. It may be necessary to invest considerable time in getting the management “on board” as for many organisations this model may be uncomfortable especially if it challenges existing hierarchical management patterns. Without across the board “buy in” it is virtually impossible to make the model work.

From this seminar should emerge – on the basis of consensus – a clear understanding of who is part of the research group and what concessions are to be made in the organisation to allow the identified people to participate. This group needs to represent the whole structure being researched and needs to balance characteristics of importance for the issue such as gender, race or hierarchical position.

Ideally, both the practitioners who will use the intervention and the consumers (Mullen 1994: 191) should form part of the group, with the latter being most important in the problem analysis processes and design processes.¹⁵ In this study use was made of the group that had been constituted for the IMC pilot which had the advantage that participants were committed to the process of innovation but had a serious disadvantage in that the group did not include those who were more ambivalent, or perhaps less skilled, and would then have greater difficulty in implementing the innovation. The introductory seminar held for this project is described under 2.3.2 in this chapter (page 28).

2.2 LINKING BACK TO DEVELOPMENTAL RESEARCH

Once the Entry issues have been dealt with, the group (working collectively) is able to address the tasks outlined by Nel and Nel (1992: 14) or Rothman and Thomas (1994: 55) as illustrated in Tables 7 and 8. Rothman and Thomas (1994) separate the problem analysis and planning from their information gathering stage while Nel and Nel (1992) keep the two together.

In the Participatory Developmental Research model the complex steps outlined by Nel and Nel (1992) and Rothman and Thomas (1994) are simplified (as illustrated in Table 6). In this model the process of problem definition and analysis includes identifying and analysing the key problem according to the process described in the next section (2.3).

¹⁵

In this study the consumers were the youth and they were consulted at various points but were not part of the research group.

Table 7
Problem analysis and project planning

Phase	Activity	Methodology	Requirements	Phase
Problem analysis and project planning (Rothman & Thomas 1994:10)	Identify and analyse key problem	Identify and analyse the problem (discrepancy exists between norms of profession or community and current situation of group or individual)	Problem exists and is defined	Analysis (Nel and Nel 1992: 14)
	Initiate state-of-the-art review	Overview of the condition/standing of existing technology (literature, observation, discussion with experts, conferences)	Know the state of existing technology. Availability of relevant information and sources	
	Determine feasibility (technical, financial, organisational, political etc)	Feasibility study (time, resources, chances of success)	Is this a feasible study?	
	Prepare project plan and set development goal			

Table 8
Information gathering and synthesis/Analysis

Rothman & Thomas (1994: 10)		Nel & Nel (1992: 14)	
Phase	Activity	Methodology and Requirements	Phase
Information gathering and synthesis	Identify and select existing relevant types of information (eg. empirical research, related practice and technology, social innovation)	Nel and Nel(1992) do not provide for a separate phase of gathering information and synthesising it – instead this falls under a requirement of the Analysis phase and includes an overview of the condition/standing of existing technology including consulting literature, observation, discussion with experts, conferences.	Analysis
	Identify relevant information sources (eg journals, abstracts, indexes)		
	Establish retrieval procedures		
	Gather, process and store data		
	Collect and analyse original data as appropriate		
	Synthesise data and formulate conclusions		

2.3 IDENTIFYING AND ANALYSING THE KEY PROBLEM

2.3.1 NATIONAL CONTEXT FOR PROBLEM ANALYSIS

According to Nel and Nel (1992:14) a problem is first identified when it is recognised that a discrepancy exists between the standards/expectations/needs of a community or group and the current situation experienced by people or groups. The “problem” for study in this thesis existed at three levels:

At the *national level* the serious difficulties in the child and youth care system meant that inadequate services for youth in general, but black youth in particular, were being perpetuated.

At the *provincial level* inadequate resources and facilities along with endemic poverty contributed to youth being placed and kept in care (and thus families being broken up) as a mechanism for working with poverty. There was also the reality that many youth from under- resourced provinces such as the Eastern Cape and the Free State were placed far from their families or communities of origin.

At the *King William's Town Children's Home level* the major problems were transformation and transition related: seeking racially and culturally sensitive, efficient and effective ways to work with adolescents in residential care contexts while making services accessible to the community.

In the context of this study the initial recognition of the discrepancies occurred at national level where the State-funded survey, In whose best interests? (IMC 1996c), identified serious problems within the residential care system in the country. Some of the pertinent findings are outlined below.

Almost one quarter of the youth and children in care were deemed to be in inappropriate placements by the staff who worked with them, meaning specifically that youth were placed in care for reasons of poverty only or were in more restrictive environments than they needed. Thirty-one percent were placed in provinces other than the province in which they ordinarily lived and this, along with the fact that 85% of children in residential care were placed in terms of the Child Care Act and not in terms of the youth justice system, meant that family reunification was

not happening at an acceptable rate and was being mitigated against by the system itself. Part of the problem was that the ratio of child and youth care worker to child ranged from 1:6 to 1:63 with most organisations falling on the latter side of the continuum and only “white” organisations falling on the former. In addition, in all forms of State residential care (places of safety; industrial schools and reform schools) less than 30% of the child and youth care workers have a qualification in child and youth care. The majority of staff working in government residential care up to and including 1996 were white and thus children who normally use an African language as their first language are at a disadvantage. Given that these conditions were not consistent with good child and youth care services, the average per capita cost per month of R2 327 to care for the youth and children in government-run residential care was questionable as an effective or efficient use of resources. This is especially true as unequal distribution and allocation of resources on the basis of race were further exacerbated by racial disparities in terms of general budgetary allocation, standard of care, methods of discipline, extent of freedom, length of stay, contact with families and communities, access to appropriate education, developmental and treatment programmes and human resource allocations (IMC 1996c: 9-13).¹⁶

This survey was well publicised especially in the residential care field and as it went along with the Discussion Document for the transformation of the child and youth care system put out by the IMC (IMC 1996a), residential care settings (especially private ones) country-wide recognised that it would soon be required of them to be able to demonstrate how they differed from the State institutions as these differences would affect funding in the near future.

2.3.2 ORGANISATIONAL CONTEXT FOR PROBLEM ANALYSIS

This particular Home agreed, in partnership with Outward Bound, to pilot a project funded by the IMC for an 18 month period (see page 3) and to use that time to develop their own innovative ways of working with youth in particular so that they could address the discrepancies between the norms as spelled out in the Discussion Document (IMC 1996a) and their own practice. I was

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It must be noted that this survey is of State institutions and that the IMC itself indicates that only 56 of the 77 State owned and run facilities responded to the survey (IMC 1996c: 9). The survey is thus primarily of places of safety, schools of industry and reform schools and thus provides only a suggestion of the status quo in Children's Homes. It is also impossible to assert that the 21 institutions that did not respond are either better or worse than those which did.

awarded a research contract to research this procedure. I met with the staff of the Home in June 1996 to discuss the project and conducted an introductory seminar¹⁷ (Traylen 1994: 62) designed to elicit from the staff their understanding of the project (IMC pilot) and their and my roles and to introduce the concept of doing research collaboratively.

Any participatory research in the South African context cannot ignore the entrenched impacts of the apartheid system which include a recognition that within a culture of imperialism, positivist traditions and top down education, very few research processes, or even development processes, had actively involved the people most affected (Collins 1999: 10). In addition, most organisations and structures within the South African system are still moving towards an integration of Afrocentric value positions such as participation and collectivism – there is an increasing blend of cultures within our society (Collins 1999: 14) but there is a legacy of individualist approaches that needs to be addressed if research is going to be truly participatory.

It is for this reason that the need to ensure that the participants in the research would control the research agenda (Fawcett, Suarez-Balcazar, Balcazar et al 1994: 27) was emphasised in the context of the South African legacy of “groups of people in our society who have internalised a view of themselves as worthless and as less intelligent” (Whitmore 1994: 82). To directly address this legacy the seminar used a combination of language dependent and other non-language-based activities to explore the roles and process to be followed and to actively demonstrate for the full team that each person’s contribution was valuable. There was anxiety around the issue of “research” because some of the group felt it was “too expert, too academic” for them and it was necessary to ensure that this was addressed. Following Traylen’s (1994: 62-63) format, the following was used to analyse the problem and initiate the participatory relationship which would be the vehicle for demonstrating that the research was not only an academic process.

Getting to know each other Experiential activities and icebreaker games were used with an emphasis on getting to know each other. I used activities such as “associate yourself with an animal and explain why you make this connection”.

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As this concept has been adapted into the Participatory Developmental Research Model it has been termed the “initiator seminar” to reflect more of the process of taking on this particular way of working.

The research context I explained the mandate given by the IMC and how that impacted on the extent to which we were all able to define what we were doing and how it was going to be done. In this session we discussed the policy proposals of the IMC (1996a) and it was clear that the management (all English speakers with post secondary school education) had the upper hand in terms of understanding the policy and that the child care workers (all Xhosa-speaking with limited post secondary education) were not participating in the discussion.

Expectations Unlike Traylen (1994: 63) I divided this into two processes – one to explore expectations of the IMC project and the other to explore the involvement of myself. The former was handled verbally and then followed with a group sculpture where each person arranged the group (staff from the Home and from Outward Bound who would be involved in the IMC project) according to their perceptions of how the team would function. The sculptor explained the sculpture but no questions were allowed. Once each sculpture was complete the sculptor was asked to place me (as researcher) in the sculpture.

What does co-operative enquiry mean? In this phase Traylen (1994: 63) is specific about co-operative enquiry in terms of the philosophy of Heron (1992) and Reason (1994). In my study I focussed more on the notion of respect for the expertise of the participants and a request for their guidance throughout the process – an effort to elicit a sense of shared responsibility within the confines of the mandate under which we were working.

What am I getting in to? This was handled on a personal risk level as well as the collective risk faced by the organisation in the process of undertaking a nationally funded pilot project.

Contracting The session was ended with a contract that would enable the staff team to speak up about any aspects of the work with which they were unhappy. We discussed the reports that I would need to write and agreed to having workshops before each report so that the team could participate in and comment on content and meaning.

Because of the lack of understanding of the principles of the IMC policy demonstrated by the child care workers I returned to the site the following week and met separately with the senior team and the child care workers. It was at this level that the problem analysis for this study – rather than for the pilot project – became meaningful. Using a grounded process of questions such as, “for whom is this a problem; what is the nature of the problem; how can we know that the problem exists; who is affected and who benefits from having things the way they are” (Fawcett et al 1994:

30), the context in which the IMC process was to take place (a section of the Children's Home) was discussed and explored.

What followed was a period of immersion in the Home and its work as the early processes of the pilot project were carried out for the IMC. I used the three month period before my first report to the IMC to develop relationships with the staff and the youth and to seek ways of developing trust because, as Whitmore (1994: 97) has argued, there are major differences between the university educated, "middle class" researcher and many of the people with whom I had to work. These differences are in respect of world view and of trust. Firstly, my ability to share the world view of Xhosa-speaking child care workers is immediately limited by my use of translators which places a third person within the interview context. It is similarly limited when I conduct English interviews and interviewees are required to work in their second language. Secondly, my similarities with the management group (white, English -speaking with tertiary education) and difference from the group of child care workers (black, Xhosa-speaking with certificate level post school education) meant that it took time for the group to assess me and begin to trust me. This resonates with Kahn (1994: 5-6) who says that "middle class background" will show through and many will be suspicious of the motivation of the organiser or researcher especially in a community where there are significant differences of race or class within the community.¹⁸ This is why it is important to invest the time referred to by van Rooyen (1998: 87) in getting to know and be known by the community. One child care worker said in an interview: "We watched you and waited to see if you kept your promises but we would never have told you what we thought until we could see how you thought about us..."

2.3.3 PROBLEM ANALYSIS: THE PROBLEM FOR STUDY

It was not possible to analyse the problem co-operatively until this trust had been built and it is for this reason that the problem analysis which resulted in the innovative technology for this study

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There is something inherently uncomfortable in the use of the word "class" in South Africa today where it has taken on connotations of elitism in self evaluation. It is a term used widely in the literature and I have thus reluctantly accepted it as a label to denote educational and income levels which separate the poor from the wealthy. I acknowledge that it embodies within it concepts of power and privilege.

was only completed six months after my entry into the site.¹⁹ At the end of the period the problem could be identified, defined and broken into key components around which new technology could be built.

The agreed problem on which we would work was determined as developing technology (a way of working) within a South African Children's Home with youth at risk (adolescents who were making unconventional life choices) in such a way that the youth were facilitated in their quest for independence and the Home itself was able to take on board the values and principles of a new child care paradigm.

It was agreed by the staff and the management that the technology would be encapsulated in a Manual which would be made available to any residential setting in the country expressing an interest in the work and thus that the Manual should be of wider relevance than to this one setting and should extend beyond a simple report on the IMC pilot project²⁰.

The problem components (identified in the initiatory seminar and in the collaborative analysis of the work in the IMC pilot for the first six months that it ran) are considered below:

2.3.3.1 Racial issues

Racial integration of the youth in the units had not been unproblematic. White youth who had never lived in units where they were in the minority were displaying behavioural problems (overt racism and vandalism with racist overtones) and the black child care workers were uncertain as to how to work with racially diverse groups of this kind. Staff attributed these behavioural difficulties to the children feeling insecure and acting out to

¹⁹ Another problem was embodied in the pilot project for the IMC itself. Problem analysis had been analysed non-co-operatively and the staff and myself as researcher presented with a Business Plan as *fait accompli*. While I endeavoured to hold the research of progress towards these goals alongside the developmental research of a social innovation this was not always possible or feasible. What the parallel processes did allow was the opportunity to use the pilot project research as a launching platform for the co-operative process.

²⁰ As part of the work for the IMC the team was tasked to generate a Manual that would summarise the work of the pilot project. The team felt that the project was inalienable from the rest of the work we were doing and thus that only one Manual should be generated that covered the limited span of the IMC pilot and the wider range of the transformation work.

hide this sense of having been displaced.²¹ One child care worker said: “White staff would not understand and would think we cannot cope with the white youth. It hurts when I am called a “kaffir”²² but I cannot tell [a white staff member] this as she will be upset”. Black staff attributed their inability to cope to the racism of the children; white staff attributed it to the lack of the presence of a white role model (and attachment figure) in the units but all agreed that there was a problem in this area.

At staff level it was agreed that the predominant culture of the organisation was white and Western and that this resulted in child care workers feeling undervalued and not confident enough to express their opinions.

2.3.3.2 Language

Most white children could not speak Xhosa and most of the black children could speak only limited English resulting in language being used as a medium for exerting power and influence and marking inclusion and exclusion in the units. For staff, the use of English as the language medium in meetings resulted in child care workers feeling that they did not understand and were not able to express themselves in meetings as by the time they had decided how to say something the point had been passed over and a decision made.

2.3.3.3 Sexuality

Cultural prohibitions, in the opinion of the child care workers, made it difficult and inappropriate for them to speak to the children, especially boys, about sexuality, contraception or sexual behaviour. Sexual activity between youth was acknowledged as problematic if it was occurring without sex education. Management staff felt that all youth were receiving sex education. The child care workers and the management staff were not

²¹ It should be noted that prior to April 1996 all the white youth had lived in units with predominantly white (or mixed heritage) children. For many, involvement in the IMC pilot project was the first experience of living with black children and the first experience of being in the minority. For the black youth the experience of living with white youth was also new but they came in as a majority group and most had existing relationships from their other units.

²² “Kaffir” is a highly offensive racist term historically used by some white people to refer to black people. It is said to mean “non-believer” but is used in a more generally derogatory sense by racist people.

honest with each other about their perceptions and approaches to the sexual activities of the youth with the former being concerned about being labelled as unable to do their jobs and the latter concerned about the “need to go over these basics again – it is insulting”.

2.3.3.4 Special programmes for adolescents

Many youth were in age-inappropriate levels of schooling and many would not complete school. Primary schooling was not equipping youth for independence but the legislative context prevented taking youth out of school for vocational training. This highlighted the need to provide programmes that would equip youth with vocational and other skills that would allow them to support themselves and also the need to provide adult literacy training for those who needed it. It was recognised that the legislative restraints would need to be circumvented and that this was possible in the context of an IMC pilot project.

2.3.3.5 Social context of poverty

Many youth were from poor homes that would not be able to support them when they were released and thus alternative means of caring for themselves on discharge were needed. As discussed in Section 2.1.2.1 of Chapter 1, of the 45 adolescents in the IMC pilot project group, 14 had been removed from their homes because of the poverty in the homes and 14 had been abandoned by their families – abandonment being associated with poverty.

2.3.3.6 Adventure and wilderness training

In the context of the pilot project for the IMC the power of and adventure and wilderness training method of intervention was recognised but it was seen as needing to be more flexible in its approach and was not seen as suitable for all children.

2.3.3.7 Communication within the child care system

Communication and reporting lines were obscure and contradictory and based on personal preference rather than effectiveness. While this was preferred by many (“it is quite easy not to have to say what you really think around here”) others found that they “never really know who is in charge so always go to [supervisor] who is kind to me”. Another

perception was that “my supervisor only tells [the director] what she wants him to know so my ideas go nowhere”.

Examples:

- a One of the youth became pregnant. The social worker, programme manager and the senior child care worker knew about this but did not inform the child care workers concerned. This led to problems in the unit when the youth approached the child care workers about this and when other youth began to talk about the pregnancy.
- b At a meeting on 7/10/96 the Director informed the youth that the staff team had come to a decision that where the use of dagga²³ or other drugs on the property was suspected, the police would be called in to investigate. This decision was apparently taken by the team at a meeting on 23/9/96 but the child care workers had told me that they had no intention of reporting use to the director or senior child care worker as they did not want the youth to get into trouble with the law. On 1/11/96 during a three day evaluation meeting I facilitated a discussion on this and the child care workers confirmed that they did not always record suspected use of dagga in the logs or report on it in supervision as the decision taken in September would mean that youth would get records or that the relationship between the child care workers and the staff would be damaged by calling in the police. As a result of this a further meeting was held on 4/11/96 and it was decided that the police would not be involved but that youth suspected of use would be tested and if found to be positive would be offered support and counselling. When this was communicated to the youth on the same day six volunteered that they were using dagga and would like help to stop using it.

This is a very clear example of the communication problems that existed in the team. It was in this context that I reported to the team in the report of 14/10/1996 that “although these (child care) workers do not speak up in large meetings, that cannot be taken to mean that they are in full support of all policies and decisions. This whole communication matrix must be re-examined with a view to empowering the child care workers to state their disagreement with policy and/or to empower them to assist with the reconsideration of policy” (Coughlan October 1996: 5).

2.3.3.8 Lack of an appropriate black male role model for the youth

All six of the child and youth care workers working in this project were female and in fact there were no black male child care workers employed in the organisation at all.

²³

Dagga is one of the common South African terms for marijuana.

Moreover, there were no black men living in the residential care system – not even as husbands of child care workers. The three white male child care workers were all employed as administrators or skills trainers. Especially for Xhosa adolescents facing the rites of passage and initiation issues, this was not appropriate (Mwamwenda 1995: 63).

2.3.3.9 Homogenisation of youth

In the IMC pilot project group, youth were placed in single gender, mixed race, adolescent only residential care units – two for boys and one for girls. These units were within 100m of each other. This configuration is against the teaching of the practice wisdom of child and youth care, and is not congruent with developmental literature, because the struggles of the adolescent life stage for personal identity within a peer group and for some clear sense of personal sexuality are confounded when the adolescent is required to compete for personal space only within a group of other adolescents (Erikson 1977: 235; Mwamwenda 1995; Vander Zanden 1993: 390-397; Winnicott 1965: 84). The configuration of the units had been justified as a means of grouping the youth, who were assumed to have similar needs, in such a way that these needs could be collectively met through the IMC pilot project.

2.3.3.10 Organisational functioning

The team agreed that their failure to share information – either because of the fears that they held (as individuals and groups) about the consequences of this sharing or because of one-sided decisions about the “need to know” reciprocal relationships (eg the pregnant youth) – made it difficult to develop a sense of ownership and shared mission. This, along with the limited participation of child care workers in meetings and decision-making processes, led to a very unequal balance of power in the organisation with those who had most contact with the youth having least say in the way the organisation functioned. One child care worker indicated that she was not able to participate as others knew more than she did and another felt that the role of the child care worker was only to comment on what happens in the units – other decisions are taken elsewhere and they need only implement them.

2.3.3.11 Work load and team size.

The team felt strongly that the demands of the IMC pilot project, and any effort to work in the new paradigm, were being undermined by a lack of capacity in staff. Training was one level at which this needed to be addressed but it was felt that staff who were already overstretched were being expected to take on unrealistic loads resulting in poor motivation and low productivity. While the child care worker to youth ratio never exceeds 1:9 in this Home, the situation at this point was that one person was responsible for 160 developmental programmes and that two social workers were employed to meet the needs of 160 children and youth.

2.3.3.12 Policy for managing behaviour.

Staff felt that there was a vague demand to work differently with adolescents in a “developmentally appropriate way” but as there was no clearly articulated policy it was difficult to know how best to facilitate independent living or manage troubled behaviour such as substance abuse or problems with sexual behaviour. It was identified that a policy was needed that was not imposed on staff as many had mixed feelings about increased autonomy for adolescents.

2.3.3.13 White management.

The management of the Home was controlled by white people who operated (unconsciously) in a humanist philosophical paradigm (Boon 1996: 33) which viewed all those on the staff as willing and able to make rational decisions about the work of the Home and assumed that rational argument was sufficient to initiate and sustain change. One manager said “we have described what they need to do and they will now do it because they know it is good”. The child care workers all said “we will carry on our work as usual as we think this is what they want”. There were 56 people on the staff of whom nine were white with five of the nine being in management positions, two being on the administrative staff and one of the remaining two was a child care worker working in a group home. Two black staff (a social worker and a senior child care worker) were represented in the management group in the middle of 1996.

2.4 DETERMINING FEASIBILITY

2.4.1 **WHY FEASIBILITY STUDY BEFORE OVERVIEW OF EXISTING TECHNOLOGY?**

The writers in the field disagree on the best point in the research process at which to consider how feasible a study is. Nel and Nel(1992: 14) argue that after problem analysis it is important to first conduct a general overview of the existing technology to establish that there is nothing presently available that will enable the problem to be resolved. It would then not be necessary to consider a feasibility study if something is identified. This implication that problems and the technology to address them come in neatly bounded packages is rejected by Dunn (1994: 59). Rothman and Thomas (1994:11) suggest that some overview of the “state-of-the-art” is required before one proceeds but that this overview should be part of a feasibility study rather than an attempt to find a packaged solution.

Only once one is certain that the study is feasible does it make any sense to expend a great deal of energy on retrieving information as the complexities of information retrieval and the costs associated with it are considerable (Hayes 1994:103) . Nel and Nel(1992: 14) present the argument that unless existing technology is inadequate there is no justification for expending resources on innovation and thus that a review of the existing technology must come first. It is possible to merge these with the assertion that the existing technology, referred to by Nel and Nel (1992: 14), is important and needs to be brought into the process but that the problem solving process is broader than simply importing an existing technology as this gives no recognition to the management of the implementation of that technology in a specific context. Also, within the current transformation of the child and youth care system in South Africa it is precisely the reworking and context based processes of technologies from this and other countries that is being required and thus an overview of existing technology is necessarily only an early step in a long transformation process.

When working collaboratively, a feasibility study (in its formal sense) is made redundant as the processes of entry would have determined if it was going to be possible to proceed. Once a decision to proceed has been taken it is the responsibility of the research group to find a feasible way of working – rather than judge the context to be feasible or otherwise. This is the feasibility study referred to in Table 6 (page 22).

2.4.2 FEASIBILITY

Part of the need to consider feasibility issues in this project centred around the issue of whether new knowledge was likely to be generated while a useful technology was being developed (Rothman 1994: 84)²⁴. Rothman (1994: 96) provides a list of practical and process considerations to be determined in a feasibility study and these were considered in line with Archer and Whitaker's (1994: 165) assertion that although legitimisation (and thus most of the feasibility of a project) comes from the management level the process of partnership comes from the staff at all levels and so these people need to be brought into partnership with the researcher as soon as possible.

Thus the group used in the initiatory seminar were formally constituted as the group of staff members tasked to assist the research process and in this way the principle of partnership was kept alive (Archer & Whitaker 1994: 165). While such a group lacked the necessary mechanism to ensure that the rest of the staff would "buy in" to the process at later stages it did ensure that feasibility was enhanced as I had already determined "a degree of compatibility between the culture (expectations, assumptions, norms etc) which is integral to partnership research, and the culture of the participating organisation" (Archer & Whitaker 1994:183).

With this in place the Rothman (1994: 96) list is more of a practical checklist than a feasibility study likely to yield the answer that the study should not proceed. For this reason his criteria are dealt with only briefly:

- *Funding – for all phases*

For the aspects of the work related to the IMC, R1 125 426,15 was obtained from the IMC. This amount covered all research costs and all the salaries and other costs associated with the residential care set up and wilderness experience for the 45 youth.

- *Time line*

The IMC pilot ran over 18 months but with the co-operation of my employer and by taking academic leave it was possible for me to remain involved in the site for more than two years.

²⁴

This was partly due to self interest as it was necessary to establish that a process which could be written up academically was possible.

- *Administrative responsibilities, arrangements, lines of authority*

For the research process I used trained research assistants (Social Work 3 students) for interviews in Xhosa and for some training when this was appropriate but in terms of the co-operative network I reported to the research group and to the Director.

- *Space requirements*

I used personal office space for paperwork and conducted meetings and interviews in the venues usually used at the Home.

- *Staff composition, function and size for different stages*

The IMC funding met the costs associated with the staff in their project (which is the same group that worked with me) and provided sufficient funding for me to pay the research assistants required to complete the work. The demands on the small staff group involved in the IMC pilot project were extensive and this impacted on their ability, from time to time, to fully participate in the collaborative research process. It was for this reason that I attempted to run the process for this thesis parallel to the IMC project demands whenever possible so that additional demands were kept to a minimum.

- *Auxiliary or back up staff needed*

Three research assistants were paid for from the research budget.

- *Information sources and retrieval procedures*

Initially I worked too independently and imposed some of the ideals on the group. For instance I wanted a "critical incident record" – some formal way of recording the number of times youth became involved in behaviour that was not desirable. Child care workers did not understand what I wanted (although they said they did) and it was some months before I abandoned this. It was, however, generally agreed that I would have full access to all records and reports and this was adhered to.

- *Field settings, arrangements, expectations and limitations*

There were no limits imposed on me or the research assistants by the Home other than that my written reports would be presented to the team before being submitted to the IMC. I would not be required to make changes as long as any disagreement of the team was reflected. It was negotiated that I would not spend long periods in the units as would be required for a participant observation methodology (Ramos 1985: 343) because in terms of the code of ethics of child and youth care (Beukes & Gannon 1993: 46) it is important to protect the rights of the child to privacy and confidentiality and thus not to intrude on

personal space. In line with this no youth was ever “persuaded or convinced” to provide an interview for myself or the research assistants which would be seen by Heron (1996:28) as “luring ... informants into being studied by a design in which they have not been invited to collaborate and to which, at best, they are only invited to give informed consent”.

For the IMC pilot, Outward Bound (which is a commercial enterprise in a competitive environment) was much more restrictive in terms of the access I was given.

- *Contracts with field sites*

On one level this was controlled by the IMC but I contracted with the Home and Outward Bound informally making sure that the ethics and practicalities of what I wanted to do was understood in both contexts.

- *Measuring instruments*

In the IMC pilot project I initially provided a range of forms and self completion questionnaires but it soon became apparent that workers would only keep data they felt “safe” in keeping. In this aspect of the study I thus shifted the focus to their daily logs; to official files and records and to interviews and group discussions in which I gathered my own data. Later I developed a Goal Attainment Scale in an effort to develop quantitative backing for the qualitative data we were generating.

- *Sampling requirements and methods*

In collaborative research this concept is not considered in the same way as would be the case with more conventional methods of research in that representativeness (Seaberg 1985: 135) is a product of the process and not of the sample. The research system was made up of the staff and all youth involved in the IMC programme but it was later extended to the rest of the Home. Where possible contact was made with the families of youth.

- *Data analysis procedures*

In Silverman’s book Interpreting qualitative data (1993) there are more than 20 methods presented for analysing qualitative data from logs through to taped transcripts and written records. There is however no mention of how this can be done in collaboration with the participants. In fact Silverman (1993: 159) states that respondent validation (the process of taking your comments and findings back to the participants for validation) results in anecdotal research where the knowledge of the researcher is undermined. Instead, he argues for analytic induction which is seen as a process of relating findings to literature

and searching for deviant cases and using a constant comparative method (Silverman 1993: 162). He views these methods as rigorous and necessary and suggests that “ethics, politics and the practicalities of the researchers relationship with the *subjects in the field* (my emphasis) ... should not be *confused* (his emphasis) with the validation of research findings (Silverman 1993: 159). While I agree that rigour is important I argue that Silverman’s (1993:159) use of words such as “subjects in the field” implies a markedly different approach to the research from that which was being used here. Thus, in the analysis of any of the data generated in this study the approach to people postulated by Heron (1996) and Reason (1994) was used to delimit what I did myself. I used, wherever I could, context-based methods of “chunking and sorting” (Cosier & Glennie 1994: 110) data from interviews, taped group discussions and field notes, to look for themes and trends. These were then presented to the group at meetings; in reports and individual discussions so that the team could reflect on and debate my analysis. In this way I managed to remain true to the co-operative process and avoid “taking over the group’s task” and to make the research process part of the contemplative cycle of the work of generating a new technology. As most of the data would be collected in daily logs on each child, a case study approach was adopted with use of averages and trends for some of the major objectives of the project.

While remaining in the participatory paradigm I did feel it was necessary to involve other people in the collection of information and data especially in group interviews and meetings. I thus used research assistants to take notes which were then compared with mine after meetings to ensure that my own subjective reactions were being tested in a context all of the time. Sometimes this context was provided by the group through the process reported above and sometimes it was provided by the group and the assistants. I am thus confident in the assertion that the data collected reflects the experiences of the participants.

- *Data processing methods and costs*

I handled these with the aid of the research assistants and met the cost from the IMC budget for the research.

- *Materials handling*

Not applicable

- *Provision for professional monographs, reports and articles*

The IMC and the Home and Outward Bound agreed that the material and data would be used in the production of an academic thesis and of articles for professional journals. The IMC also prescribed the format and timing of a series of progress reports for the IMC pilot.

- *Relationships to funders or sponsoring bodies*

The contract for the research process was signed with the management of the Home and not with the IMC directly although reports were sent to the IMC as funders of the project.

- *Dissemination of intervention products*

It was agreed (as discussed on page 31) that we would develop a Manual that we would make available to other Homes.

(Rothman 1994: 96).

2.5 SETTING THE DESIGN DOMAIN

In the entry phase, one of the expected reactions of the staff or service receivers would be some concern about the extent to which the research would interfere with the day-to-day functioning of the organisation, especially where the problem being addressed covers many levels of organisational functioning. Some authors suggest that one way of dealing with this is to make the problem definition specific to those aspects of practice that require attention (Fawcett et al 1994: 31) or to at least make clear what the boundaries or domain of the design process will be (Mullen 1994: 169). By making explicit those organisational elements which are taken as fixed (or at least not open to the re-design process), and those for which the team has been given responsibility in terms of seeking innovative solutions, one is able to provide parameters and limit the experience of threat. In the study reflected in this thesis the domain was initially restricted to the work of the child care workers but as the relationships developed and as the problem definition became a shared expression of the needs of the organisation, the management opened its own functioning to the research process. It is unlikely that this would have been the case had the management and staff not been involved in analysing and defining their own problems and thereby owning the understanding of what the domain parameters needed to be and why they needed to be extended beyond the child care workers' work.

It is essential to assess the political (Kahn 1994: 15) processes at work and determine if it is going to be possible to sustain collaborative relationships (DeVenney-Tiernan, Goldbland, Rackham and Reilly 1994: 124) that will be free from the constraints of organisational pathology (Heron 1996: 171) or which will at least be able to carry the study forward despite the existence of organisational constraints. The ongoing possibility that the research process will generate processes that are in contradiction to the goals of those with power in the organisation (cf van Rooyen 1998: 89) cannot be ignored.

A great deal of time and effort may be required to set up these kinds of relationships but I believe they are central in the determination of feasibility and in the processes that must follow. To work within the co-operative paradigm demands a level of commitment from all levels of the organisation and this must be found before proceeding.

2.6 GATHERING INFORMATION

If it is determined that the study is feasible then the research team proceeds to gathering the information needed to make decisions about the innovation to be designed. Nel and Nel (1992) and Rothman and Thomas (1994) list several sources of information ranging from literature to consultation with experts to observation. In a collaborative model it is important that the team decide what information is needed and who should be collecting it (De Venney-Tiernan et al 1994: 124). In this study the team tasked me to consult the literature but in an effort to ensure that the collaborative process was respected and sustained (De Venney- Tiernan et al 1994: 127) I asked *them* to identify literature that informed their own practice which is what led to the extensive use of Brendtro, Brokenleg and van Bockern (1990) and the IMC documentation (1996a; 1996b; 1996c).

Extensive use should also be made of the data being generated within the context. Especially in South Africa where there is such a rapid process of transformation and where policy is being reviewed all the time, it is essential to remain anchored in the South African reality of the process. By avoiding the impression that “experts” are able to impose outside assessments it is possible to create, with any group of people, irrespective of background and education, a collaborative research process (De Venney-Tiernan et al 1994: 137; van Rooyen 1998: 83). Part of doing this is to acknowledge the practice wisdom of participants as both a legitimate and important part of

the source of information which Heron (1996: 111) refers to as a “social repository of skill” that enables those who share the practice to demonstrate a “collective knowing how to value a whole body of practice” (Heron 1996: 112).

This does not devalue other sources but avoids the trap of creating from the beginning a perception that the answers for the problem are only available outside of the context. External sources (such as literature and consultation) are used to challenge, inform and validate the internal processes but they are not a legitimate replacement for them (van Rooyen 1998: 78). Thus once information is gathered (using as many strategies as possible) from both the organisational and broader contexts it is possible to finally define the problem and set the goals for the design stage. Doing this requires that the information be synthesised and conclusions drawn (Fawcett et al 1994: 33) but this needs to be done in a way that does not “convey an aura of scientism” (Rothman, Damron Rodrigues & Shenassa 1994: 133) which removes an understanding of the conclusions from the people involved in drawing them. Conclusions should thus be concrete and operational and couched in the language of the people involved (Kahn 1994: 45).

Chapter 3

State-of-the-art review: information gathering and synthesis

1 INTRODUCTION

Assessing the state of the art before planning a new technology is necessary to avoid a waste of resources (Nel & Nel 1992: 14) and to ensure that the functional elements of successful models already in existence are used in the innovation (Fawcett et al 1994: 31-32). Hayes (1994: 105) has argued that because the world of information is overwhelming, and becoming increasingly so, as more and more information is available to the researcher with access to printed and electronic media, it is important to select relevant types of information; relevant sources and to establish both the retrieval and processing procedures for a study (Rothman & Thomas 1994: 99). Information gathering for this project started with a generic literature review on adolescents and work with them which was prepared for the IMC pilot project. From this, and the process of problem analysis conducted in the first months of the project, it was possible to define the parameters of information needed for this study.

A combination of practice-related sources such as data bases; records and key person surveys with literature-based searches were used to increase the scope and validity of the information gathered (Rossi & Freeman 1993: 68-80).

The domain in which information was gathered was taken from the problem for work which was developing technology (a way of working) within a South African Children's Home with youth at risk (adolescents who were making unconventional life choices) in such a way that the youth were facilitated in their quest for independence and the Home itself was able to take on board the values and principles of a new child care paradigm.

This process falls under the steps highlighted in Table 9 and refers to the gathering of information, its analysis by the team and its synthesis into goals and a shared understanding as discussed from page 30.

Table 9

Three steps in the Entry and Analysis Stage of Participatory Developmental Research

Stage	Processes and tasks
Entry and Analysis	Initiatory seminar Problem definition and analysis Feasibility study Information gathering from organisational perspective Information gathering from broader perspective Final problem definition and goal setting

2 **SOCIAL POLICY CONTEXT FOR THE STUDY**

2.1 **OVERVIEW OF POLICY PREMISES OF THE IMC**

The broader perspective referred to in Table 9 is predominantly the social policy context of the IMC policy position. All technological innovation in the field of child and family care in South Africa must take cognisance of the policy of the IMC (IMC 1996a, IMC 1996b, IMC 1996c) because all legislative changes; all future funding decisions and all programme approvals must be made in terms of this paradigm which is now government policy (Fraser-Moleketi: 1998). By formally constituting the IMC in 1995 the South African Cabinet provided a mandate that extended from the review of the youth justice system to managing “the transformation (of the entire child and youth care system) over a limited time period” (IMC1996a: 1). The need for this transformation was predicated on inadequate services in some regions and racially inequitable services in all regions; on difficulties within the system including the fragmentation of the service between Ministries, departments and professions and on the emphasis on intervention rather than prevention which includes in many cases excessively long stays in alternative care (IMC1996a: 2). The policy principles were stated as being:

- Competence-centred ecological principles (IMC 1996a: 8; Maluccio 1991: 50)
- Normalisation (Barnes 1991: 158; IMC 1996a: 8-10)
- Developmental work (Beker & Eisikovits 1991: 29; IMC 1996a: 8-10; Peters & Madle 1991: 293)

Community-based care (IMC 1996a: 8-10)

Integrated programmes (IMC 1996a: 8-10; Wozner 1991: 260)

The IMC²⁵ does not provide the sources consulted in their compilation of these tenets other than in their Foundation Documents which were not widely circulated (IMC 1996d) and these documents rely almost entirely on the work of Pinnock (1996) for a theoretical position. He in turn draws heavily on Brendtro et al (1990). I have looked for other sources and found these concepts to be well supported in the literature. These are discussed below as they should (by Cabinet instruction) provide the context for all models and innovations developed in the country.

2.2 COMPETENCE-CENTRED ECOLOGICAL PRINCIPLES

Maluccio (1991: 50) defines the competence based approach from the perspective of the child care worker as an approach in which “rather than being pre-occupied with pathology, workers recognise each person’s natural strivings towards growth and promote effective functioning by focussing on his/her unique actual and potential skills by removing obstacles and providing support in the person’s environment.” Competence then can be defined as the network of skills, knowledge and talent that enables effective interaction with the environment.

Competence is first and foremost a transactional concept describing the interaction of the person with his/her environment. It has biological, social, cultural and psychological aspects. Maluccio (1991: 52) argues that a person who is able to function in an ecologically competent manner has successfully negotiated the transaction between their own capacities and skills; their motivation and the environmental qualities of significance such as social networks, supports, demands and obstacles. The role of any person working in residential care is to facilitate the child’s ability to use all the facilitators available and to manage the obstacles.

²⁵

The political subtext was equally clear – the influence of the National Association of Child Care Workers was without question very strong – and is reflected in statements such as “practitioners (especially child and youth care workers) receive low salaries” and “this discipline (child and youth care) is required to offer the core services in the system” (IMC 1996a: 2) while there are only two mentions of social work in the entire policy document (IMC 1996a). Academic social work responded negatively to this and at a meeting in August 1996 accused the IMC of sidelining social work and holding social work accountable for the problems within the child and youth care system. The reworked policy document of November 1996 (IMC 1996c) is much more inclusive.

This understanding is confirmed in the IMC policy document which argues that the aim of residential care is not to fix young people and their families but instead to increase their capacities to understand and use their own competencies (1996a: 8). Of course, understanding and defining competency is not a simple process and it is in many ways subjective (Searight, Dunn, Grisso, Margolis and Gibbons 1989: 871). One way to define or understand competency would be to develop an understanding of the concrete skills needed for a youth to function in the world and to use these skills as the baseline for a definition of competence (Searight, Dunn, Grisso et al 1989: 863). Another way is to define competency as the ability to “establish and sustain positive, caring relationships, maintain a sense of humour, and to communicate compassion and empathy” (Berliner & Benard 1996: 4). Both were used when developing an assessment scale for the Home (see page 118).

2.3 NORMALISATION

Linked to the concept of competency is the concept of normalisation. Taler (1991: 158) argues that progress for a child within residential care is only of value if the child is able to make a successful transition to the community where those changes can be safeguarded and maintained. The pinnacle of normalisation then, is a successful transition back to the community. The IMC construct that normalisation refers to the exposure to activities and opportunities which promote developmental needs from the perspective of normal development (IMC 1996a: 4) is thus part of what Taler (1991: 158-159) is describing when referring to empirical research studies which support the idea that successful reintegration into the community is dependent on the child and the family being exposed to appropriate living and learning experiences in the community (eg Ainsworth & Fulcher 1981 and Whittaker 1979 cited in Taler 1991). The argument is taken further with the assertion that success in community placement relies on the availability of social support networks and the ability to find and sustain a productive job. These are, as discussed above, elements of ecological competency.

Normalisation is specifically taken to include a move away from pathology and problem foci to systems perspectives, developmental work and competency building; community-based care (moving from institutionalisation to community-based child and youth care centres) and to integrated programmes offering a holistic service to the young person and his or her family (IMC 1996a: 8-10).

2.4 DEVELOPMENTAL WORK

Maier (1991: 29) stresses that the developmental perspective is a move away from a focus on behavioural and personality formulations. Instead, progress is the aim of all intervention and the behaviour, no matter how unusual, is placed on a continuum of growth instead of being labelled deviant. Thus a worker using a developmental approach, builds on small increments of change and plans efforts to deal with behaviour by seeking understanding of *how* behaviour happens and *not why*. Developmental “work (has its) emphasis ... on operational steps (process work) for fostering change rather than outcome objectives or treatment goals per se” (Maier 1991: 31).

Adherence to the principles of developmental work acknowledges that change is non-linear and that change of both first and second order is sought. First order change allowing increments, rehearsal and reinforcement will precede the second order change where more transformation is expected and the techniques of modelling, confrontation, conflict work and reframing are used (Maier 1991: 32-33).

Developmental work is a natural progression from theoretical trends as diverse as the work of people such as Adler, Piaget and Winnicott. For instance in 1977 Inbar and Adler (cited in Maier 1991: 35) argued that children have particularly vulnerable developmental ages when transitions and changes can have increased dramatic effect. These were pegged as the ages between 5 and 7, 13 and 15. The idea that there are developmental crises or specific needs at different ages requiring specific psychological changes and adaptations is not new and is central to most developmental psychology (Eysenck 1994: 168). It is supported by Erikson and Piaget (as already discussed), and Winnicott (Maier 1991: 34) follows a connected theme in the discussion of the importance of attachment objects (something secure and predictable) for people undergoing changes and transitions.

Intervention based on this theoretical foundation has moved an additional step by acknowledging that not all people (children) are able to successfully complete all the developmental tasks at age-appropriate times. Focus on developmental tasks rather than on chronological age appropriateness allows children to “catch up” at an individualised pace. Because it is accepted that adolescents learn a particular culture, awareness of other cultures and a system of basic beliefs and values from the people with whom they have vital interactions and meaningful relationships it follows that the

whole space in which a child/adolescent lives is important to developmental work (Maier 1991: 44). Individualised, short time sessions will not equip a child to make the developmental increments they need if these sessions occur independent of the living space of the child.

2.5 COMMUNITY-BASED CARE

The principles of normalisation, competence centred ecological principles and developmental work suggest residential care services that aim to return children to their families and communities as productive and healthy, functioning people. It is thus a natural and logical link to the principle that residential care facilities should be community based. Residential care facilities should enable children to remain within their own communities wherever possible and should be accessible to the families of children in care and other families in the community (IMC Discussion Document 1996a: 9). The interim policy recommendations flowing from the consultation of this Discussion Document suggest that by community-based care is meant that residential care facilities should be centres where children, youth and families can access a range of services offered on a continuum from short-term, respite, or even day care through to full residential care. It is also suggested that the services (such as access to professionals, like social workers and child care workers, and programmes such as life skills programmes) should be available at the residential care site on a non-residential basis to youth from the community (IMC 1996a: 9, 18). Residential care should thus be responsive to community needs (as defined in consultation with significant role-players) and to the differentiated experiences of youth so that integrated services (see directly below) are offered.

2.6 INTEGRATED CARE

The meaning of “integrated care” or “integrated services” in terms of the IMC policy documentation (IMC 1996a) is not static. By *integrated services* is sometimes meant that services should be “inter-sectoral and delivered by a multi-disciplinary team wherever appropriate (IMC 1996a: 3). and at other times that the “total programme (of that child) should become the responsibility of the multi-disciplinary team in (that) facility, including family reunification (IMC 1996a: 10).

A more conceptual understanding of integration is presented by Wozner (1991: 260) who argues that all elements of a system must be integrated if the system is to function well. A system could

be an individual child, a family, a residential care facility or a whole community. No matter the size of the system, if the different aspects are not functioning together the system itself cannot function optimally. Wozner (1991: 260-261) suggests that in residential care facilities attention should be given to mastery (the extent to which staff are skilled and educated); to activity (to that which happens in the system) and to the four different subsystems of goals created by the residents, the staff, the organisation itself and the community – with each of these happening on overt and covert levels.

It is difficult to integrate a system where goals are divergent; where there is a massive mastery disparity or where activities conflict. These indigenous obstacles to integration are further confounded by obstacles arising externally from clients, competitors, sponsors and regulatory groups (Wozner 1991: 263-264).

For a system to be integrated it must be governed by a unifying theme that runs through all its ideologies and activities. “The two main barriers to the formulation of a unifying theme are differing goals and differing beliefs about means” (Wozner 1991: 265). It is suggested that the first steps towards this theme come from the negotiation of a unifying ideology. This ideology can be best utilised when the system has the autonomy to make decisions (power) and when these are then put in place through staff development and training (Wozner 1991: 265).

If this theoretical position is accepted then the IMC (IMC 1996a: 10) call for integrated services to children and their families makes sense. Their position can then be understood to be one in which once a child is a client of one system or residential care facility their total programme, including family reunification, should become the responsibility of that facility *because* the needs of the whole child can best be held together by one organisation or group, and thus, the needs of the child and family are not secondary to inter-sectoral negotiations (IMC 1996c: 58; 1996a: 10).

This would allow the system to develop one intervention ideology and to make decisions and develop its staff in line with that ideology (in line with Wozner 1991).

3 YOUTH: PRIMARY FOCUS

3.1 CIRCLE OF COURAGE

3.1.1 RELEVANCE OF CIRCLE OF COURAGE TO THIS STUDY

In the problem analysis phase it became clear that the Home was working in terms of the philosophy of Brendtro, Brokenleg and van Bockern (1990) and that this philosophy – which is taught in what was then the only South African post-secondary school level qualification available in child and youth care (the UNISA Certificate course) – informed decision-making and practice at the Home; in the NACCW (National Association of Child Care Workers) and in the IMC. It was also clear to me that the philosophy was not well understood by the staff who had not completed the UNISA course. It was thus necessary to familiarise myself with the philosophy so that we could find a way of integrating it into our work and development.

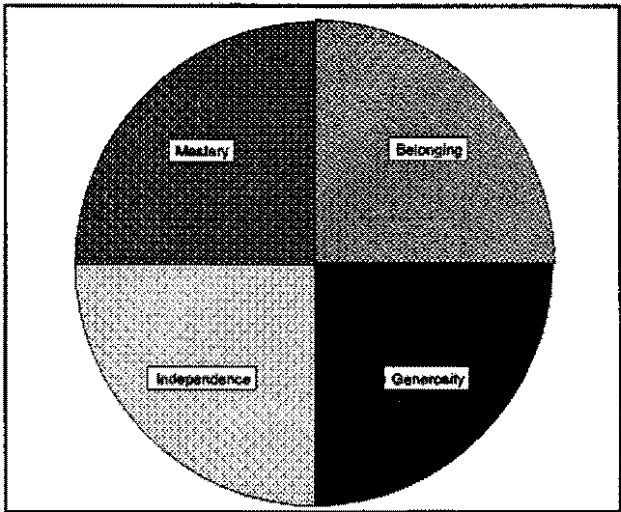
3.1.2 OUTLINE OF CIRCLE OF COURAGE THEORY

Based on a system of parenting beliefs and practices held by the Sioux Indians the “circle of courage” reflects the protection offered to a child if his or her needs in four areas of life are met to enable them to manage life’s complexities (Brendtro et al 1990: 50). These areas (known as spirits) are the need for belonging, mastery, independence and generosity. According to Brendtro et al (1990: 46) the acts and experience of troubled youth often reflect their being discouraged by life in these four areas.

Bronfenbrenner’s (1979 cited in Brendtro et al 1990: 6) concept of the alienation of youth in modern society is central to the work: that modern society in its stressed parents, impersonal schools and disorganised communities is not able to fulfil the most basic need of children, which is to belong. Children who do not belong, who are alienated, are labelled with negative and destructive labels such as “aggressive” or “delinquent” and these increase the alienation experienced by youth. Brendtro et al (1990: 6) argue for moving away from observing and dealing with negative traits in children to working with the transactions the youth has with his or her environment. To do this they suggest a focus on destructive relationships (as experienced by the rejected child in need of love but afraid to trust in anticipation of further hurt); climates of futility (as encountered by insecure youth who feel inadequate and fear failure); learnt irresponsibility (as in youth who use rebelliousness to act out feelings of powerlessness) and loss

of purpose (as illustrated by youth who are self-centred and have no sense of meaning in the world) (Brendtro et al 1990: 6-7).

Figure 2
Complete circle of courage



Youth at risk is their concept used to “avoid blaming the child and point attention toward the environmental hazards which need to be addressed” (Brendtro et al 1990: 2). Youth referred to in this way are considered to be at risk of alienation – at risk of forfeiting a sense of belonging and mastery over the society in which they live. Work with youth at risk then should broadly be seen to be work of “reclaiming” which is to “recover and redeem, to restore value to something that has been devalued” (Brendtro et al 1990:2).²⁶

The authors use a series of lists (Table 10) to illustrate what they mean by belonging, mastery, independence and generosity and these are presented below to describe youth who are reclaimed

²⁶ The importance of this theory for the national policymakers is reflected in the title of their first report to the Cabinet in November 1996: Reclaiming youth at risk (IMC 1996e).

(have a sense of belonging, mastery, independence and generosity); youth who are at risk and have a distorted sense of the above and youth for whom these are absent and who will then manifest many of the behaviours and traits that result in rejection and alienation.

Table 10

*Traits of complete and broken circles of courage
(adapted from Brendtro et al 1990: 47 - 50)*

	Normal	Distorted	Absent
Belonging	attached loving friendly intimate gregarious cooperative trusting	gang loyalty craves affection craves acceptance promiscuous clinging cult vulnerable overly dependent	unattached guarded rejected lonely aloof isolated distrustful
Mastery	achiever successful creative problem solver motivated persistent competent	over achiever arrogant risk seeker cheater workaholic perseverative delinquent skill	non-achiever failure oriented avoids risks fears challenges unmotivated gives up easily inadequate
Generosity	altruistic caring sharing loyal empathic pro social supportive	noblesse oblige over involved plays martyr co-dependency servitude bondage	selfish affectionless narcissistic disloyal hardened anti-social exploitative
Independence	autonomous confident assertive responsible inner control self-discipline leadership	dictatorial reckless/macho bullies others sexual prowess manipulative rebellious defies authority	submissive lacks confidence inferiority irresponsible helplessness undisciplined easily led

When presented in this form the theory appears categorical but in practice these traits are viewed as being on a continuum with individual youth experiencing more or less of a complete circle of courage at different times of their lives.

Belonging refers to the sense of community that characterises tribal society where children are trained to see themselves as related to almost all with whom they interact and adults have a shared duty to teach and care for all youth and children (Brendtro et al 1990: 37). This sense of connectedness is inherent in African philosophies of belonging such as *ubuntu* (Boon 1996: 31). ***Mastery*** is related to competence and is based on the premise that if a youth or child achieves mastery of their environment they experience a sense of being competent which motivates them to seek other situations to master and protects them against giving up in the face of failure (Brendtro et al 1990: 397). Again it is argued that native American child rearing practices which focus children on attaining personal goals rather than achieving superiority over others promote a healthy sense of competence in young people (Brendtro et al 1990: 40). ***Independence*** is that which makes the young person believe that they have a meaningful role in society – where autonomy is balanced by a sense of responsibility inherent in social control. Youth provided with opportunities to exert control over their lives and remain within the constraints of what is needed by society develop a sense of purpose and of independence (Brendtro et al 1990: 42-43). ***Generosity*** involves the capacity to place the needs of others and the collective above oneself without denigrating one's own value and that of what one owns. A sense of self worth is increased when opportunities are created and used for caring for others (Brendtro et al 1990:45).

Within this philosophical approach are several basic tenets. The first is that youth who display troubled behaviour are alienated from their environments because their circle of courage has been broken by their transactions with the world. The second is that “youth at risk” is a concept that refers to youth with broken or damaged circles of courage. The third is that working with youth at risk requires creating a reclaiming environment that will heal the circle of courage.

3.2 THEORIES OF ADOLESCENCE

3.2.1 **ADOLESCENT DEVELOPMENT: AN EXPOSITION OF THE NORM**

Adolescence as an artefact of transition in industrialised societies commences with the onset of puberty and ends at maturity – usually between 12 and 19 years of age – while in many non-industrialised societies puberty itself is marked as a transitional point (Bruno 1992: 6). Thus the discussion of adolescence (which is almost always a discussion of a transitional state) is by its nature culturally biased. This bias is reflected in the different cultural practices that continue

to exist in our multi-dimensional South African context. In traditional Xhosa²⁷ culture, late “adolescence” for boys is marked with the rites and rituals of circumcision. The process involves a period of seclusion and education into the roles and duties of the adult man. This custom has not been substantially changed in the increasingly Westernised world – modern Xhosa men would find it very difficult to assume positions of responsibility in society today were they to reject circumcision (Mkele in Funani 1990: v (foreword)). The rites of passage for young women include entering a period of seclusion when they first menstruate – that is at the onset of puberty (Mwamwenda 1995: 404). Thus within the Xhosa culture the symbolic entrance to adulthood occurs later in the development process for boys. There are practices with similar significance for Zulu youth and Jewish youth – possibly for all groups that have maintained a cultural identity (Frankental & Shain 1986 :216; Mwamwenda 1995: 408) and these, while being culturally determined must occur in a world of conflicting demands.

A Xhosa boy growing up in South Africa today must learn to live with and mediate the very different messages he is receiving from his cultural background and from the Westernised society in which he is being educated and looking for work. A child in care who does not have access to the wisdom of cultural teaching may well be denied “the pride of being African” (Funani 1990: 55) or worse, never be allowed to make the transition to fully recognised adulthood by his peers. These are all factors that could influence a sense of belonging in youth (Brendtro et al 1990). They are also considerations against which any concept of the “norm” should be reflected and thus, although the following exposition of the “norm” is given because of the prevailing influence of Western theory in our country, it should be treated as tentative and biased.

“Normal” physical development in adolescence is dramatic for boys and girls and the associated hormonal changes contribute to the psychological implications of the changes resulting in the recognised pattern of turbulence experienced by adolescents. Issues of self-concept and self-esteem are important for the adolescent who is caught between the world of adults and children (Mwamwenda 1995; van der Zanden 1993) and seeking a consolidated identity. In Western industrialised society the acceptance of adult responsibilities such as work and having a family

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Xhosa is the dominant African culture in the Eastern Cape and is the cultural heritage of most of the youth in care in this Home.

is delayed for educational, economic and social reasons until after the end of adolescence (Mwamwenda 1995, Vander Zanden 1993: 390). The result is that a physically mature person (one who has passed through puberty) is required to wait until a socially defined time to assume some of the responsibilities that he or she is naturally/biologically ready for at a much earlier age: an effective separation of physical maturation from social and psychological maturation. This means a delay in meaningful opportunities to demonstrate independence and mastery (Brendtro et al 1990).

For many African cultures (including the Xhosa) the period of adolescence is the period of rites of passage and initiation which confer on the youth of these societies special status and recognition. These rites often include tests of bravery and courage (Mwamwenda 1995: 63). It is argued that the lack of these rites in Western cultures has resulted in the prolonging of the transition from childhood to adulthood and to the development of a youth culture – standardized ways of thinking, feeling and acting – that is characteristic of a large group of teenagers (Vander Zanden 1993: 390). This culture manifests in shared preferences for styles of dress, entertainment, shared values about achievements and status and perceptions of what constitutes masculinity or femininity. It is perhaps within the notion of youth culture that the shared experience of the adolescent is able to transcend the different messages of other cultural influences at least to some extent.

Pinnock (1996: 4) says that he agrees with Cohen (1991) that “adolescence is a rope bridge of knotted symbols and magic between childhood and maturity, strung across an abyss of danger”. It is “normally” the most confusing period of a person’s life and it is a time of intense feeling and often intense feelings of being misunderstood. Pinnock (1996: 4) cites a South African study by Kotze, Mouton, Greyling, Hackmann and Gouws (1994) which found that nearly six in ten black South African youths strongly agreed that “hardly anyone I know is interested in how I really feel inside”. These are illustrations of the multitudes of conflicts faced by youth in our society.

The different rates of maturation (physical, social and intellectual) impact on each youth – placing each one at a unique point on a developmental continuum with different social, intellectual and psychological levels (Biehler & Snowman 1993: 123; Jensen 1985: 209; Mwamwenda 1995: 69) meaning that youth of the same age are perhaps not facing the same challenges at the same time.

There are nevertheless some fairly widely accepted ideas about what constitutes the most important shared issues faced by the adolescent. From the now classical stages of psychosocial development as proposed by Erik Erikson (1980 in Vander Zanden 1993: 40) to the more cognitive work of Piaget there are common themes in work on the adolescent life stage. Pinnock (1996: 33) suggests that the root of what we consider to be essential tasks in adolescence can, for instance and not exclusively, be traced to ancient Egyptian teachings that youth should learn control of thought, control of action, faith in the Master's ability to teach, faith in one's ability to assimilate the truth, faith in oneself to wield the truth, freedom from resentment under persecution, freedom from resentment under wrong, ability to distinguish right from wrong and ability to distinguish real from unreal.

In these wisdoms are found the assertions of Brendtro et al (1990) about generosity, belonging, mastery and independence and the elements of the work of Piaget, Erikson and others. Adolescence – as a socially and psychologically complex life stage – is not new and its challenges remain for successive generations.

In his classic writing on the ages of man (sic), Erikson (1977: 234) describes adolescence as the life stage in which the primary psychosocial crisis centres on an establishment of a positive and stable identity – the stage of identity vs role confusion. Failure to negotiate a stable sense of self and of one's role in society results in role confusion. The rapidity of bodily growth and genital maturity result in the adolescent questioning the "sameness" that they have relied on in earlier years. In a sense this stage involves revisiting the conflicts of earlier years to seek an individualised place in the world (Erikson 1977: 234) For the adolescent, the social setting of the world constituted of peer groups is the primary arena where this crisis is played out. The primary task of establishing an identity results in excessive attempts to identify with others and to belong to groups (Erikson 1977: 235). The adolescent enters this stage either well equipped by successful negotiation of early crises (resulting in a child able to trust the world; with a keen sense of their own autonomy and initiative and a basic sense of competence) or as someone likely to have difficulties because of unsuccessful negotiation of earlier psychosocial crises (Vander Zanden 1993: 40). For Erikson (1977) the roles of most significance are those associated with occupation and sexual identity. Again these concepts resonate with the spirits of mastery and independence (Brendtro et al 1990).

Adolescents feel threatened by differences, such as race or sexual affiliation, in their peers as they experience these as challenges to their own emerging identities and adolescence is thus often marked by extreme “clannishness” (Erikson 1977: 236). Social development is characterised by conformity with a peer group (the formation of a group identity) and a need to assert independence from their parents. Identity becomes linked with a place in society and thus with social stratification (Erikson 1977: 252). Adolescents struggle to compromise and they require certainty – often finding it in their own rigid answers (Winnicott 1965: 84). With or without overt sexual behaviour the patterns of dating, love and emergent sexuality are of special significance to adolescents (Mwamwenda 1995; Vander Zanden 1993: 397). Belonging and generosity challenges are associated with this need to find a place in the social system (Brendtro et al 1990).

In addition, the adolescent uses ideological and idealistic methods of reasoning about social realities – they are caught between the morality of children and the ethics of adults (Erikson 1977: 236). As expressed by Winnicott (1965: 81), the adolescent is caught in the co-existence of defiant independence and real dependence still on the adult; in isolation (as the struggle for an identity makes the individual isolated even within strong links to the group); and is prone to sexual activity prior to readiness for its implications. The result is often turmoil and struggle – words that have become popularly associated with adolescence. In this description it is possible to identify the roots of youth being viewed as alienated or troubled (Brendtro et al 1990: 2).

While the adolescent’s psychosocial development falls into Erikson’s stage of identity vs role confusion (Jensen 1985: 68), her or his cognitive development is facing the challenges described by Piaget’s cognitive developmental stages of concrete to formal operations (Jensen 1985: 450).

Formal thought reaches its fruition during adolescence. The adolescent, unlike the child, is an individual who thinks beyond the present and forms theories about everything, delighting especially in considerations of that which is not.

(Piaget 1947: 148)

Along with these cognitive stages Piaget associated two moralities for the child/adolescent – the first being heteronomous (constraint) and the second autonomous (Jensen 1985: 299). An adolescent who has been able to achieve the necessary identity clarity and formal operations cognitive ability is in a better position to develop an autonomous morality – that is a morality that

is subject to modification by the needs of the social system. A similar suggestion is in the work of Kohlberg (Jensen 1985: 300) whose second level of moral development (Conventional level) is similar to the autonomous morality described by Piaget.²⁸ These theories imply that the formal operations acquired in adolescence are important elements in a youth's ability to deal with problems and as asserted by Brendtro et al (1990: 20) it is not possible to teach the necessary formal operations while still encouraging learnt helplessness and dependence in youth.

For a child to find a place of stable self-identity, they need to have negotiated many obstacles and integrated many life skills – both in interaction with the world and in intra-action with the conflicting demands within themselves. Failure to master these skills results in an adolescent ill equipped to deal with the challenges of adulthood. Coming from diverse philosophical backgrounds the scholars referred to above in this exposition on adolescence have reached the same conclusion as posited by Brendtro et al (1990: 19) – that unless the basic needs are met youth will not successfully take on the demands of adulthood.

4 YOUTH AT RISK

4.1 AT RISK: BEHAVIOURAL AND TRANSACTIONAL DEFINITIONS

“Youth at risk” and “troubled youth” are terms used to describe adolescents who for one or more reasons are not able to achieve their developmental tasks within what are considered the above normal parameters (Brendtro et al 1990: 2). “Delinquency” which can be defined as a legalistic term used to refer to antisocial and immoral transgression on the part of youth (Bruno 1992: 184) is the most dramatic manifestation of disrupted development, but for the purposes of this study one needs to focus on those youth who are not overtly delinquent but who have one or other developmental difficulty in coping with life's demands. To remain within the philosophical

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A recent North American study (Foltz, Overton & Ricco 1996: 465) tested 100 white middle class American adolescents – 55 at a mean age of 10 and 45 at a mean age of 14. The youth were given selection tasks and asked to construct proofs. The proofs were analysed for evidence of deductive and inductive reasoning. The findings suggested strongly that individuals who lacked formal reasoning competence tended to construct proofs that used confirmatory strategies whereas those who had formal reasoning abilities were more able to use eliminatory strategies (Foltz et al 1996: 474). The conclusion was that youth with more formal operations ability could more readily understand the distinction between logically necessary and empirically certain conclusions (Foltz et al 1996: 476). While obviously culturally specific this study does suggest that youth require cognitive reasoning skills to make responsible decisions.

view espoused by this project, youth at risk should be understood to mean those youth who by virtue of destructive relationships, climates of futility, learnt irresponsibility or a loss of purpose, engage in behaviour that makes it difficult for them to achieve a constructive and meaningful position in society (Brendtro et al 1990: 7). The range of behaviours associated with youth at risk is wide but there is a general sense that they have either deviated, or appear likely to deviate, from the norm in terms of the life decisions they make. For some this involves not attaining a level of education that will facilitate independence, for others the form is substance abuse, for others theft or involvement in gang or other violent situations. For all there is the element of a broken circle of courage – a sense of not belonging fully to the society and community in which they live.

The definition of normal is problematic as wide variations are found in developmental progress. Also, the reasons for deviation from the norm are diverse and range from the intra psychic to family, social and cultural. Brendtro et al (1990: 3) argue extensively that deviations from “normal development” are a result of faulty transactions resulting in “the alienation of children in the oftentimes inhospitable ecology of modern society”. Other authors have other viewpoints about what results in a youth taking on troubled behaviour.

Behavioural indicators are the most common way of identifying youth considered to be “at risk” but, as with any other label, behavioural indicators place the source of any difficulty within the victim and suggest that the solution is within the victim too. Vander Zanden (1993: 405) is one author using the labelling paradigm to denote “at risk” youth as being those who contravene adult defined parameters of acceptable behaviour such as drug abuse;²⁹ teenage suicide (and suicide attempts) and other “deviant behaviour” including crime; failure to complete formal schooling and irresponsible sexual behaviour including unsafe sex and pregnancy. Other writers such as Jensen (1985: 418) point out that much of what is described as deviant or delinquent can be reframed to illustrate normal behaviour associated with the emergence of identity and independence but that some behaviour such as truancy, running away, promiscuity and adolescent violence should be considered seriously (Jensen 1985: 429). Some of the most

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Drug abuse is defined as “excessive or compulsive use of chemical agents to an extent that interferes with people’s health, their social or vocational functioning or the functioning of society” (Vander Zanden 1993: 405).

common indicators of at risk status that run through the literature include brushes with the law and/or social conventions; placement in alternative care and personal and professional assessment of developmental difficulties. Within the circle of courage paradigm all this troubled behaviour is to be expected from youth who do not develop integrated circles of courage.

4.2 BECOMING AT RISK OR REMAINING RESILIENT

From both transactional (Brendtro et al 1990) and behavioural (Vander Zanden 1993; Jensen 1985) points of view it is evident that to meet the tasks of adolescence successfully, youth require contextual support. Winnicott (1965: 80) asserted that the environment is crucial and that many adolescent life problems can be ascribed to an environment that has failed the adolescent. Winnicott wrote that “at the root of antisocial tendency there is always a deprivation” (1965: 86) and that the antisocial child is trying to make the world acknowledge its debt. Bowlby’s (1988: 136) model of developmental pathways which stresses that each infant has a wide range of potential pathways that he or she may follow and that the final “choice” depends on the interaction that the individual has with his or her environment, supports the notion of the importance of the context or the reclaiming or rejecting environment (Brendtro et al 1990: 56). Bowlby (1988: 21) attaches these pathways to the earliest infant experiences of attachment arguing that harm was done to the personality development of children in prolonged institutional care or who had experienced frequent changes of mother-figure in early life. The importance, for short-term and later life development, of being able to rely on one or more attachment figures (eg Harlow’s monkey experiments cited in Bowlby 1988: 23) is not denied in the work of Brendtro et al (1990) but they argue that it is never too late to set up a reclaiming environment which includes attachment figures for youth (Brendtro et al 1990: 56) and that failure to do so leads to the staggering social cost of “illiterate, unemployable, violent or mentally ill” adults (Brendtro et al 1990: 3). Just as security in the earliest of relationships (the infant/mother relationship) for children fortunate enough to be born into nurturing environments, frees the child, in safety, to test the limits of the security that the world offers so too does faith in the security of the primary relationships later in life enable the child to practise self control (Winnicott 1965: 31-33; Brendtro et al 1990: 56).

Healthy development then is in a sense dependent on the ability to feel secure and safe and these are in turn dependent on attachments to people and environmental objects that prove themselves

to be reliable and trustworthy. Disrupted development is associated with a lack of security. Bowlby (1988) summarises the concepts as follows:

Those who have insensitive, unresponsive, neglectful or rejecting parents are likely to develop along a deviant pathway which is in some degree incompatible with mental health ... even so, since the course of subsequent development is not fixed, changes in the way a child is treated can shift his (sic) pathway in either a more favourable direction or a less favourable one.

(Bowlby 1988: 136)

The assertions of Brendtro et al (1990: 46-51) that disrupted development is associated with a lack of a sense of belonging; with a limited sense of mastery over one's environment; with a self-centred non-generous world view and with a sense of powerlessness and lack of independence are essentially the same as the above.

Many youth in contexts of poverty, abuse, community violence, alienation and lack of attachment do not take on the "at risk" status. Understanding why this is so is one pathway to designing programmes to protect youth from becoming "at risk" even when it is not possible to change the context in which they live. This focus on resiliency (rather than on pathology) has been explored by Berliner and Benard (1996: 4). Berliner and Benard (1996: 6) say that the literature and their own empirical studies indicate that resilient youth are those who are:

- | | |
|--------------------|---|
| Socially competent | <p>"The ability to establish and sustain positive, caring relationships. The ability to develop and maintain a sense of humour along with compassionate and empathic communication abilities"</p> <p>(cf Brendtro et al (1990: 37) – the spirit of belonging)</p> |
| Resourceful | <p>"The ability to critically, creatively and reflectively make decisions; to seek help from others; and to recognise alternative ways to solve problems and resolve conflict"</p> <p>(cf Brendtro et al (1990: 44) – the spirit of generosity)</p> |
| Autonomous | <p>"The ability to act independently and exert some control over one's environment; to have a sense of one's identity; and to detach from others engaged in risky or dysfunctional behaviours"</p> <p>(cf Brendtro et al (1990: 41) – the spirit of independence)</p> |

Sense of purpose “The ability to foresee a bright future for oneself; to be optimistic; and to aspire toward educational and personal achievement.”
 (cf Brendtro et al (1990: 39) – the spirit of mastery)

(Berliner and Benard: 1996: 4).

While not advocating abandonment of problem-solving programmes, Berliner and Benard (1996: 6) argue that if programmes focus on increasing resilience they will diminish at risk behaviour by a process of mutual exclusion. Programmes and the organisations running them should therefore promote trusting relationships; exercise compassion and respect; set high expectations which are clearly communicated and adequately supported and provide meaningful opportunities to engage in valued activities with friends, in the community and in terms of education (Berliner & Benard 1996: 4). In line with this it is argued that programmes for youth at risk are aimed at creating environments in which the needs of youth and society are met by seeing that programmes meet these four basic criteria:

- Experiencing belonging in a supportive community, rather than being lost in a depersonalised bureaucracy.
- Meeting one's needs for mastery, rather than enduring inflexible systems designed for the convenience of adults.
- Involving youth in determining their own future, while recognising society's need to control harmful behaviour.
- Expecting youth to be caregivers, not just helpless recipients overly dependent on the care of adults.

(Brendtro et al 1990:2-3)

5 **ADVENTURE TRAINING AS ONE ROUTE TO PROMOTING RESILIENCE**

Adventure training is a term synonymous with “wilderness experiences” or “outdoor education” and refers to experiential activities in which the outdoors (nature or the “wilderness”) is used to promote personal and social development.

Outdoor education aims to provide five certain specific things that are important to the development of youth (Smith 1987: 213-214). The first is to promote personal and social

development of youth by increasing their knowledge and understanding of themselves as individuals and as group members. This would include increasing awareness of physical capability; providing opportunities to work co-operatively and independently; sharing experiences with others; responding expressively and creatively to stimuli and gaining in confidence, self-reliance and perseverance. This aim is in line with the promotion of mastery, generosity and independence (Brendtro et al 1990). The second (Smith 1987: 213) is to help youth understand others by experiencing concern for their feelings, welfare and safety. This is achieved through a process of shared learning where ideas are shared and different points of view considered and through the undertaking of activities where mutual support and teamwork are the only routes to success. This would promote the development of generosity and a spirit of belonging (Brendtro et al 1990). The third (Smith 1987: 213) is to foster a respectful attitude to the environment. This is facilitated by the youth living and working out of doors and by firsthand experience of the environment and the effects of the interaction between people and the environment. Brendtro et al (1990: 37) speak of the importance of acknowledging the interdependence of the human and natural worlds – an important element of a truly grounded sense of belonging. Mastery (Brendtro et al 1990: 39) is enhanced by the achievement of Smith's (1987: 214) fourth aim which is to enable meaningful and successful participation in outdoor activities. This is achieved by developing the skills required for activities in the pupils. All activities and challenges are planned to allow the exercise of these skills towards achieving success (Outward Bound rationale). Finally the experience of joy is important (Smith 1987: 214) in promoting all of the above – in an atmosphere of joy, the whole experiential process is heightened.

Outward Bound³⁰ is an international organisation which uses the wilderness experience to meet these and other aims. Recognising that youth with emotional and behavioural difficulties do not readily respond to conventional intervention because they have poor social skills, poor self-concepts and difficulty in linking their behaviour with its effects, Outward Bound seeks to use the wilderness to improve perceptions of capability, power and significance. This is done by creating challenges for youth in which mastery is made possible so that the resultant success

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The IMC pilot project initially involved a close working relationship between the Home and Outward Bound and it was based on the findings within this pilot that adaptations were made to the adventure training part of the programme. However, because of this initial partnership the philosophy of Outward Bound is briefly explored.

experiences foster a sense of pride and empowerment (Mixdorf & Paugh 1989: 38). The Outward Bound programme is developmental and suitable for youth at risk because it uses concrete problems (where initial use of abstract thought is limited); gratification is provided relatively quickly as tasks have definable beginnings and ends and consequences are real, immediate and apparent. Coupled with the balance between adaptive and competitive activity and the controlled use of stress as a motivator, Outward Bound programmes have been shown to be congruent with developmental theories such as those proposed by Erikson and Piaget (Mixdorf & Paugh 1989: 39) and to provide impetus for growth in at least the following areas: increasing ability to function in a group which is important for adolescents (Ewart & Heywood 1991: 595-596); enhancing self perception, internal locus of control and self-concept (Marsh, Richards & Barnes 1986: 480-490; Marsh & Richards 1989: 121-134).

While Smith (1987:212) says that there is today very little doubt that learning is enhanced by taking people out of their comfort zones, Muntingh (1996) has argued that Outward Bound removes youth too far from the lives to which they will need to return and thus makes transference of learning almost impossible (also van Welzenis 1996: 5). Van Welzenis (1996: 3) argues that although group functioning is important for adolescence the dependence on the group for success and the fact that the group gains or loses as a result of an individual's behaviour (Ewart & Heywood 1991: 598) may be too demanding for youth struggling with issues of personal identity.

Another adventure training organisation operating in South Africa is Educo – although much of what they do is similar to Outward Bound, there are important methodological differences (Gamble 1997, Educo). For instance Educo supports the use of the wilderness for varied time lengths ranging from a few hours to 10 days. D'Almeida (1997) argues that a length of time (at least 14 days) is required for real process work. Educo supports the presence of child care staff from the residential care organisation during courses as they believe that it facilitates and encourages real transfer of learning to the life space and increases for youth the feeling of safety in the strange environment. Outward Bound argues that the presence of child care staff increases the possibilities of splitting and of conflict and have experienced that youth are inhibited when staff from their original context are present. Educo agrees with van Welzenis (1996: 5) that some wilderness experiences are simply too different and thus too stressful for youth at risk and

Educo thus tends to use solo, and similar experiences, less than does Outward Bound³¹. Educo does not have the same extensive documented research as does Outward Bound and acceptance of their reasoning is predominantly intuitive and experiential.

6 ROLE MODELS, CULTURE AND TRANSITIONS: ADOLESCENT NEEDS

Within the adolescent process of transition from childhood to adulthood, the youth has to negotiate cultural expectations about appropriate actions (Pinnock 1996: 4). Some cultures synthesise the developmental demands with specific practices such as the synthesis of risk taking behaviour which is common in adolescence with similar elements in initiation rites (Cohen 1991 and Eliade (no date) cited in Pinnock 1996: 4-5). Cultural rites and rituals mimic the process of transition (Funani 1990: 24; Pinnock 1996: 7-8) by providing experiences of separation (involving symbolic detachment from parents and the existing social structure); liminality (the ritual period of transition when the youth is no longer in his or her old state but is not yet fully in a new state) and incorporation (when rituals are used to symbolise the re-entry of the youth into the community and into a new group). Thus transitional rituals of traditional society meet developmental needs that extend beyond the performance of social conventions (Pinnock 1996: 6).³² The resonance with the challenges of adventure training is not co-incidental.

Central to the rituals circumscribed by any culture (such as the Xhosa) is the role of the adult in teaching the youth about their roles and responsibilities (Funani 1990: 26). This understanding of the importance of suitable adults as role models in the life space environment is at a deeper level of significance than simple behavioural modelling. This resonates with Brendtro et al

³¹ Solo involves the youth in spending up to 24 hours alone in a shelter in the bush out of visual and hearing contact of other youth and instructors although the instructors check on the youth periodically. It is a time meant for reflection.

³² Xhosa transition rituals are prescribed. Young men and women are first incorporated into *umtshotsho* which is a social system where they are able to meet and dance but under the supervision of an elder. Courting is controlled by strict social rules and transgressions are punished. Later young women undergo more formal rites of transition "behind the curtain" during *intonjane* and boys undergo the circumcision rites of *abakhwetha*. In both of these rituals there is a period of separation and seclusion; a time of teaching and an emergence into the society marked with celebration and the slaughter of animals. The ritual for boys is more complex and involves physical challenges and the formation of strong bonds with peers. After the period (now lasting about a month) the young men and women leave behind their childhood things – in most instances clothing and linen is burnt or given away – and take their roles as adult men and women in their community (Pinnock 1996: 10-13).

(1990: 37) who speak of the shared adult responsibility in traditional cultures for the well being and education of the whole community's youth.

7 YOUTH IN RESIDENTIAL CARE

7.1 OVERVIEW

It is a widely held belief, supported by research and policy documents, that maintaining youth in their families of origin is normally the most healthy situation. From this follows the belief that the parental home is the best place for any child or adolescent and that any out of home care must of necessity be considered second best. The reality is that not all children grow up in their parental homes and not all children grow up in homes at all. In addition, the homes that some children grow up in are detrimental to the healthy development of the child (IMC 1996c: 22).

There are currently about 30 000 South African children in out-of-home care and there are 182 Children's Homes in the country with a total of 13 565 beds³³. In the Eastern Cape Province there are 20 Children's Homes (11% of all Homes in the country) caring for 1 663 children and of all the children in the Eastern Cape 70,2% (n = 2182949) are poor, which represents 24% of the country's poor children (Department of Welfare 1998a). There is thus no doubt of the need for effective work with youth and children in this province but there is also no doubt that residential care services are not able to address the needs of all the children and that a significant number of children in care are in care because they are poor. As already stated 61% (n = 94) of the children and youth in the care of King William's Town Children's Home in 1998 were admitted for reasons associated with poverty and in many cases their return home is being hindered by poverty related constraints.

Residential care is an expensive option for the State – in their own institutions it costs an average of R2 327 per month per child in care and the subsidy paid to private Children's Homes is in the region of R740 per month per child (IMC 1996b: 11). Thus even at the latter rate the cost to the State to care for a child in a residential setting is seven times more than that being

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The other children in out-of-home care are in foster care, places of safety, industrial and reform schools.

paid to families in the form of the Child Support Grant (Department of Welfare 1998b:1)³⁴. It follows that when a child in a situation of poverty does access the Children's Home system the family experiences significantly greater material assistance than would be the case if the child remained at home. One youth told a research assistant: "My mother want (sic) me to see this as a boarding school where I get food and education. At home my mother loves me but she cannot feed me and so we came to this place and my mother left me here and I told them I did not know where she was."

It is clear that separation from parents – even abusive ones – is traumatic for children (from Bowlby's early studies to work by Courter in 1995 cited in Shealy 1995: 566) and this basic premise underlies all effective residential care: the family cannot be minimised and the impact of separation should not be underestimated but the reality of the social context of poverty and other problems that mitigate against returning children to their parents (such as failure on the part of the family to change) can also not be wished away (Shostack 1988: 30; Ichinose, Kingdon & Hernandez 1994: 205; Shealy 1995: 576). Shostack (1988:36) argues that return to the care of the family is most likely to happen when careful attention is given to services that prepare youth for independent living (so there is less reliance on a poor home); where parents also receive counselling and where there are resources for after-care services. Ichinose, Kingdon and Hernandez (1994: 205-208) agree adding that it is important to place youth as close to their communities as possible; integrated services are more effective and group care should not be seen as a panacea.

The literature suggests that to achieve the goals of promoting development and independence, programmes in residential care should give attention to all the role-players. Stuart-Smith's (1994: 484-487) study indicated that it was often not until after discharge that youth would understand the benefits of interventions (especially those they viewed as unpleasant) so it would be a mistake to rely on this group entirely when designing programmes. Increasing personal responsibility and decision-making is often the goal of programmes in adolescent units which often rely on social learning theory which posits that behaviour is the result of an individual's

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The difference is even more striking given that the Child Support Grant is only available until a child turns seven whereas access to subsidised residential care is up to the age of 18.

expectations that the behaviour will lead to valued outcomes or goals (Lochman, Wayland & White 1993: 136) and behavioural reinforcement such as token economies. Adolescents with poor self-esteem or a history of aggressive behaviour appear less able to set pro-social goals (Lochman et al 1993: 137) which would suggest that interventions should address both behaviour and motivational issues.

Miller, Cosgrove and Doke (1990: 103) argue that there is no point in setting up systems for adolescents where only behavioural methods are used to decrease unwanted behaviours. Their experimental study in an adolescent residential care unit used behavioural principles of intermittent reinforcement, reward and token economies to motivate adolescents to work within the required system. Their experiment included lotteries – with entry tickets earned in a token economy system. The experiment failed completely and assessments done with the youth afterwards concluded that the residents found the negative aspects of the system increasingly aversive over time. There was evidence of increased counter aggression (Miller, Cosgrove & Doke 1990: 99-101). A study done by two of the same authors (Miller & Cosgrove 1989: 991) supports the idea that participation by the adolescent is important in the extent to which a system is accepted. The literature thus tends to argue that the extent to which adolescents are willing to participate in interventions in residential care facilities is closely linked to the extent to which they are able to participate in decisions made and the extent to which the rights of the individual are respected. Participation in turn is influenced by the ability of the youth to reason appropriately (Lochman et al 1993: 147).

7.2 CHILD AND YOUTH CARE WORKERS

7.2.1 THE PROFESSION OF CHILD AND YOUTH CARE

Modern residential child care relies to a large extent on the skills of the child care worker³⁵ – that person employed to work in the life space of the child. Residential care facilities often have multi-disciplinary teams where the role of professions such as social work cannot be minimised.

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This profession uses this name internationally to refer to the people responsible for the day-to-day care of the children and youth in residential care. In some instances where the professionalisation of child and youth care is not recognised the terms “houseparents” or “cottage supervisors” are sometimes used.

Nevertheless, it is on the shoulders of the direct care worker that most of the responsibility for effective residential care rests.

According to both the IMC and the NACCW (IMC 1996b: 71-72) the discipline³⁶ of child and youth care in South Africa is recognisable in terms of how it has clustered specific characteristics. Individual characteristics are shared with other disciplines such as social work and education but what is unique to the discipline is the cluster presented below.

Child and youth care in South Africa is thus identifiable by its focus on the growth and development of children and youth and its view that families and communities are important but are primarily contexts for the growth and development of youth. It is concerned with the “totality of a young person’s functioning” (IMC 1996b: 71) – the claim is that other professions such as nursing do not have the same holistic focus on youth and childhood as an experience of living through a phase of the human life cycle. It uses a model of social competence and does not support theory that is problem/pathology based. It is based on direct, day-to-day developmental work with children and youth in their immediate environment. It is this aspect that is known as life space work. It makes deliberate use of attachment – close therapeutic relationships with children and youth – which is the primary vehicle for the healing and empowering of children and youth (also Beukes & Gannon 1993: 4).³⁷

³⁶ As a discipline, child and youth care has drawn from many other disciplines including social work but there is a strong movement to recognise its autonomy as a discipline and, in effect, its professional status.

³⁷ The Personnel Administration Standards of 1996 categorised child and youth care as a form of social auxiliary work – a position rejected by the IMC and NACCW who stress role complementarity with other professions such as social work (IMC 1996b: 78). The discipline is making great strides in its move towards formal recognition – the UNISA post matric certificate in child and youth care is to be replaced by a degree from the Technikon SA and the NACCW offers its own non-matric basic qualification in child and youth care (BQCC). Prior to the Technikon SA B Tech there were no graduate-level courses available to prospective child and youth care workers in the country (IMC 1996b: 71). The National Association of Child Care Workers (NACCW) is a non-statutory professional body with the aim of promoting the discipline and professional status of child and youth care and is an association of child care worker organisations country-wide. There have been formal negotiations with the Interim Council for Social Work, which is a statutory body, to create an umbrella organisation that will not deprive child and youth care of its autonomy. Legislation in this regard is to be promulgated early in 1999.

Working in accordance with this cluster of characteristics there are competencies required of child and youth care workers that are integral to that profession. These are a good understanding of the nature, purpose and practise of group care and an ability to work in the life space (as opposed to simply living in it with youth) by creating positive daily programmes in the group home. They need to be able to manage disturbing behaviour without resorting to punitive or rejecting practices.

Child and youth care workers must be able to relate to the world outside the home effectively especially being able to work constructively and non-judgementally with families of residents. Communication skills are essential for the work with the residents, other team members and their own families. All of this must happen based on a sound knowledge of “normal” development which will enable child care workers to master the issues and systems of direct care work (Harrington & Honda 1986: 29).

To be able to achieve these competencies, an effective child care worker would need to be able to treat the total child; to relate to others with empathy; to understand the symbolism of behaviour and to respond to behaviour and its symbols constructively. Most importantly the child care worker needs to be able to deal with the frustrations of being a child care worker (Harrington & Honda 1986: 31). This would presumably require certain skills within the person and also the creation of appropriate support systems for the person.

Essentially the child care worker is a carer – the concept of care is culturally determined and it is a personalised experience that emerges from the “give and take” interactions of the caring relationship (Maier 1991: 26). Because the child care worker is the central person in the residential group setting he or she is the central experience that the child has of being cared for in the group setting. From the child care worker the child receives care, and hopefully, learns how to respond to care and thus to give it themselves. The child care worker is a core care person whose caring can be said to have the three structural components of being the central person for caring and attachment formation in the home (cf Bowlby 1988); of being the major norms conductor for primary group life and of being a legitimate representative of the norms of the larger social context (cf Brendtro et al 1990 and Pinnock 1996).

The child care worker facilitates development of the youth's ability to build relationships, set norms and link to society through his or her own relationship building, norm setting and society linking (Maier 1991: 28).

The roles can also be more concretely defined as the child care worker being the "therapeutic counsellor" who understands and describes behaviour without labelling it; the manager who manages the home and the behaviour manifested in it; the teacher who provides new skills for the youth and the relationship builder who models and encourages (Harrington & Honda 1986: 32-34). However one looks at it the role of the child care worker is complex and often extremely challenging because of the intensity of the work, the limited time and energy and frequent rejection by the child (Maier 1991: 29).

The child and youth care worker is required to be a trans-disciplinary professional who has a participatory role in the milieu of the group and has professional and collegial relationships outside the milieu (Barnes 1991:129). This is a great deal to demand from people in a profession that receives very limited financial reward for the work and for whom working conditions can hardly be described as ideal.³⁸ The challenge for any system is to attract the kind of person who is competent to do the work yet willing to work for the wages!

The historical lack of professional recognition in South Africa means that child care workers are notoriously underqualified – 89% of child care workers in State institutions do not even have the most basic qualification in child care (IMC 1996c: 24).³⁹ It would appear then that the most immediate route to achieving these competencies would need to be through in-service training - ultimately the B Tech, BQCC and other qualifications should reach all child care workers but

³⁸ Currently most private facilities run on a 24 hour a day cycle of work for child care workers with workers living with youth all day for up to 5 consecutive days. In government institutions there are often day and night shifts. In terms of the new labour legislation restrictions on shift lengths all facilities will need to have at least two and possibly three shifts in each 24 hour period, which will more than double wage bills and seriously undermine the concept of life-space care.

³⁹ In the Home being studied four of the six child care workers in the study group held the BQCC (Basic Qualification in Child Care) and 70% of all the child care workers in the Home hold at least this qualification.

in the interim organisations are going to have to continue take internal responsibility for the development of competency.

7.2.2 TRAINING CHILD AND YOUTH CARE WORKERS

7.2.2.1 In-service training and the use of knowledge

To achieve the competencies required, the organisation employing the child care worker has to define its own particular needs and expectations both in terms of the broad function of the position and in terms of specific knowledge, skills and abilities (Peters & Madle 1991: 305). Training then takes cognisance of the knowledge, skills and abilities that already exist and seeks to promote those that do not – or more often, to increase the extent to which knowledge that a person already has, is consciously used in practice (Beker & Eisikovits 1991: 7). Knowledge has to be made tacit if it is to be used and as most new knowledge is abstracted from empirically based data or from the integration of ideas, it is necessary to create an inductive process based on experience so that child care workers are able to make generalisations from occurrence. In this way abstract knowledge is made tacit and tacit knowledge becomes explicit, thereby increasing the amount of knowledge a person is able to use in practice (Beker & Eisikovits 1991: 7) as illustrated in Table 11.

Table 11
A model of the use of knowledge

	Known	Unknown
Used	Knowledge that is known and used – that is conscious use of knowledge	Knowledge that is used but the user is not aware of the knowledge . Intuitive knowledge
Not used	Knowledge that the user has but does not use	Knowledge that is not used because it is not known.

Experiential learning models, such as the Beker and Eisikovits (1991: 10-14) model presented below, are arguably the most effective means of increasing tacit and explicit knowledge in training.

7.2.2.2 Experiential learning model for child care workers (Beker & Eisikovits 1991: 10-14).

Phase 1 Experience an incident

With experience defined as “what strikes us first and alters the sense of continuity in bodily sensations, our awareness of time and space and in our emotional world” (Beker & Eisikovits 1991: 10) these authors argue that all learners first experience something and make it significant by giving it attention.

Phase 2 Grasp

Here experience is placed in the context of typology grounded on other experiences. Has this happened before and how similar were the circumstances?

Phase 3 Identify and weigh options for action

Based on understanding of what has happened or is happening and on what occurred before possible courses of action and their consequences are considered. This consideration/assessment depends on our experience, on who is involved, on risks and on desired outcomes. In a sense this assessment draws largely on practice wisdom

Phase 4 Choose a theory

The phases up to here have been experiential and inductive on the basis of concrete, everyday experiences. At this point the options considered need to be placed in the context of theory and of programme objectives. That is, specific attention must be given to abstract and theoretical knowledge.

Phase 5 Hypothesise from theory

Theory is a “symbolic construction or a set of propositions, arranged in a logical deductive system or causally linked together” (Beker & Eisikovits 1991: 14). Theory helps the practitioner make sense of situations by linking action to situation; it modifies the action repertoire used; it assists with discarding old and seeking new repertoires. Theory helps with the process of understanding the consequences of action decisions made.

Phase 6 Confront action options with test hypothesis

A process of bringing together inductive and deductive knowledge – of hypothesising in the following manner: if I do X then Y is likely to happen.

Phase 7 Acting as doing conceptual practice

Once action is decided on and carried out the outcomes are observed. If the outcome is as is anticipated then the decision-making resulting in the practice is included in the area of known and utilised knowledge.

8 **STRUCTURE AND MANAGEMENT**

8.1 **TRANS-DISCIPLINARY TEAM WORK**

Traditionally models of staff teams in residential care have been linear and fragmented with specific roles and functions resting with specialist staff. The most integrated way of working was considered to be the multi-disciplinary team where staff worked together on issues within the organisation. Role specificity and areas of expertise remain guarded in this system which relies on referral from one expert (child care worker in the life space) to another (such as the social worker). For instance, in the linear model, the social worker takes responsibility for the “treatment” of the residents while the child care worker is responsible for “care and custody” (Barnes 1991: 133). This linear model results in a pathology and treatment focus rather than in a developmental intervention process. It is also embedded in a management view that undermines the value of indigenous approaches to practice (Cohen & Normann 1989: 72) because the people setting the rules and creating the structures are separated by virtue of their culture or their education (or both) from the people who are receiving the services.

Modern practice is moving more towards milieu treatment, which is essentially an integrated and holistic orientation to working with clients in residential settings. The life space or milieu of the child is kept as unfragmented as possible and intervention occurs within this life space wherever possible. One immediate advantage has to do with the greater ease with which information and learning is transferred to real life for the child. Specialists are not negated but act as technical resources or work within the milieu and in conjunction with the occupational group interacting on a 24 hour basis with the child: the child care worker. The team becomes trans-disciplinary rather than multi-disciplinary (Barnes 1991: 134).

Success in working in this way is dependent on what Wozner (1991: 261) referred to as mastery: poorly trained staff will, by definition of the approach, not be able to implement integrated developmental programmes and this will result in failure of the model. It is fair to say that this holds true for any model of intervention.

8.2 MANAGEMENT IMPERATIVES

8.2.1 WHY PARTICIPATORY MANAGEMENT ?

Country-wide there has been a shift from hierarchical strategies of leadership where a leader makes decisions based on his or her own rational analysis of a situation and then enforces these decisions in the context (Child and Youth Care January 1997: 8). The most apparent flaw with rigid hierarchical models is the expectation that the leader(s) has access to all the necessary information and is able to make a rational decision based on it and then that followers will automatically buy in to the decision because they think the way the manager does (Boon 1996: 17). Political transformation in South Africa is only one of the reasons that child care organisations have had to consider approaches other than a hierarchical one. The context of child care demands a management style that will enable all staff to experience a sense of commitment, investment and shared responsibility. In this way the work environment will be one in which conflict is not allowed to derail the implementation of effective service delivery, where an atmosphere of warmth and mutual trust – essential to the outcome of the organisation (Levine 1989a: 5-6) – is developed so that the safety of children, which is dependent on the individual and collective accountability of staff, is a lived reality.

Facilitative strategies, which enhance an organisation's collective capacity to solve problems and improve performance through processes such as team building, conflict management, network and communication building, collaborative politics and modelling, create an environment in which staff members can develop their own leadership skills. However, this is a time consuming way of leading and can prove frustrating in an organisation where deadlines and pressures require quick and immediate reactions (Boon 1996: 59; Child and Youth Care January 1997: 9). Attractive ideas of empowerment cannot replace the imperative to protect the values of accountability, effectiveness and efficiency (Child and Youth Care January 1997: 9) so organisations need to undergo culture changes (Boon 1996: 15) which will make the attainment

of the desired outcomes possible in a climate in which behavioural and attitudinal shifts will allow the outcome to emerge. This kind of change is sustainable (Boon 1996: 58) and although it may not be quick it is in the end more effective and efficient.

8.2.2 THE CHALLENGE OF DEVELOPING LEADERSHIP

White management is an apartheid legacy that permeates many aspects of the life of the country. Transformation imperatives include the need to develop the capacity of black staff within the organisation to take on leadership roles. Management models and expectations are predominantly Western and there is an ongoing presentation of negative images of African-ness in many settings eg “African time”⁴⁰ (Boon 1996:19, 65; Obasanjo & d’Orville 1990:9-10).

Thus, increasing black capacity and representation in management requires a culture change and not just training (Adedeji 1990: 41-42; Boon 1996: 33). Muhith (1990: 82-87) provides a model for creating this change which can be adapted to any organisation. He argues that culture change for increased African participation in leadership depends on flexible, humble and modest planning that accepts a process of developmental and incremental change rather than revolution. Any change or development creates imbalances and concrete adjustments are required to deal with these if the system is not to collapse. A conducive environment is necessary – where commitment and facilitating factors work together to promote views of change and of development that extend beyond structuralist views and incorporate dynamic analyses of the process of development. Muhith (1990: 87) argues that ultimately the development of local (human) resources and the mobilisation of existing capacity is more effective than efforts to bring in new sources which have not taken on any of the important aspects of the culture of the organisation. Finally (Muhith 1990: 86) there is a need for effective introduction, implementation and evaluation programmes undertaken effectively and efficiently to ensure that the planned strategies are realised.

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“African time” is a derogatory colloquialism used to refer to limited punctuality and adherence to planned times for actions. It is a label used to “explain” the late arrival of African people at meetings for instance, and is taken by the users of the term to suggest that African people are unwilling or unable to adhere to punctual time keeping because time has a “different” value in an African context.

It is essential that real change in the culture of the organisation is sought and that the acceptance of the wisdom of the African way is not exploited but is rather built in meaningfully into the organisation. Cohen and Normann (1989: 76) refer to this process as one of indigenisation and suggest that the following steps could be adopted to increase this process within an organisation:

- study the practise and beliefs of the people in the organisation who are from within the culture one is wanting to build -- use assessments of what is done, how it is done and its impact
- do not just label old practices with African names -- ensure that practice itself changes
- use information gathering systems that make sense to people with less formal training such as story telling or drama (role play)
- actively train staff in the principles desired – do not leave assimilation to a process of osmosis
- share with others your experience so that you can learn from them

9 **ORIGINAL DATA**

9.1 **USE OF ORIGINAL DATA IN INFORMATION GATHERING STAGE**

In the Participatory Developmental Research Model the gathering of data from the organisational perspective (Table 9) was achieved by using some original data generated in the context. Rothman and Thomas (1994:11) indicate that it is necessary to collect and analyse original data that is appropriate but they provide no guidelines for doing so. Nel and Nel(1992: 14) refer only to the use of direct observation. However, in this study, where a researched pilot project for the IMC was being undertaken simultaneously, it was apparent that a great deal of context specific material was available that would directly inform the design of the Manual (the ultimate product of the technology).

9.2 **INTERVIEWS WITH YOUTH**

9.2.1 **NUMBER OF INTERVIEWS AND METHOD**

The group of youth involved in the IMC pilot were interviewed in June (N = 34) and September 1996 (N = 27: 14 boys and 13 girls) prior to the design of the new technology. In keeping with the principle of self determination the seven youth who did not want to be interviewed in September were not convinced/coerced to do as Kahn (1994: 24) argues against allowing the

priorities of the researcher to override the rights of refusal of the community. Interviews were semi-structured and were conducted in the language of the youth using trained research assistants. All questions were open-ended and the research assistants did not prompt for answers although questions were repeated if requested.

9.2.2 INTERVIEW TRENDS RELEVANT FOR DESIGN

I concluded from the interviews that the youth were generally happy in the Home and perceived it to be meeting their needs. Twenty-two youth reported feeling positive about the Children's Home (10 girls; 12 boys) with only three saying they were currently unhappy. Eight youth (5 boys and 3 girls) indicated that access to education was the primary reason for their happiness and eight indicated that the skills training was providing them with real opportunities. Seven referred to the provision of material and basic needs. Eight felt that it was a good place to live. Relationships with staff were generally viewed positively with particular emphasis on the relationships with child care workers.

In terms of their recent exposure to the wilderness experiences at Outward Bound the boys indicated that the sense of friendship with other boys ($n = 11$) was most important but that racial issues in the group had affected the functioning of the group. Black youth described the white youth as "separating themselves." Only one youth found the "solo" experience enjoyable but many referred to improved relationship skills such as increased understanding of the importance of helping others ($n = 4$) and associated strengths of working co-operatively ($n = 10$). The girls did not feel that the experience had benefited them ($n = 6$) and felt that the positive gains had been in terms of relationships within the units. "Solo" was singled out as being frightening and many of the physical challenges as excessive, although some said they were pleasantly surprised at what they had achieved. All referred to the racial tensions in the group with some saying that Outward Bound had helped but two feeling that white girls had had preferential treatment. All youth, except for one girl, had completed the course.

9.3 OUTWARD BOUND INSTRUCTORS' LOGS

The Outward Bound instructors had kept daily logs of their experiences with the youth during the courses. Using a system of content analysis as a method of establishing categories and then

counting the number of incidences of those categories in the text (Silverman 1993: 62) the logs were processed.

They revealed that in the girls' group there was concern about maturity being lower than would be expected for the age group; an "extremely obvious" racial divide made worse by language barriers; unsuitability for youth with possible retardation for this course; and a higher need for immediate gratification and attention than had been anticipated. The boys' instructors' logs revealed that racial tension was evident but less than with the girls and that language was a significant barrier; short attention spans and inability to delay gratification complicated the experience and that the youth showed a willingness to deal with the physical challenges but resorted to racism and violence when overtired. There was a strong sense that the youth were dependent on the instructor for practical and process tasks.

9.4 STAFF INTERVIEWS AND DISCUSSION GROUPS

All of the child care workers (N = 6) completed a questionnaire in June. A group interview in Xhosa was held in the same month and took the form of a focus group discussion based on a small number of questions (van Rooyen 1998:86). Five child care workers were interviewed in September (one refused) and numerous occasions for informal discussion were exploited.

Generally the child care workers felt that Outward Bound was an important innovation as it had resulted in increased self-confidence as a result of being aware that they can do things they had never imagined possible; improved ability to channel excess energy; improved relationships between the children – more integration of the races on a day-to-day living basis and an increased interest in skills training. Close partnership with Outward Bound was valued with concern expressed about the limited information given to child care workers after the youth returned.⁴¹

The concerns that child care workers had about the functioning of the Home were raised when the domain of the problem for work was set and this is discussed in the Entry and Analysis

⁴¹ A brief stylised report is written on each participant and this should be given to the participant. The social worker at the Home failed to make even this information available to the child care workers or the youth.

chapter on page 35. Other areas of concern were also raised during interviews with other staff – for instance the social worker (formally interviewed at least four times in the period being considered) revealed that rendering of social work services directly to the children was minimal with an average of less than half an interview per child in the project and three family meetings (in total)⁴² having been conducted in the six months reviewed. Geographical dispersion of families and language barriers were considered as the most important reasons for the lack of social work contacts.

Comparative content analysis of the files of the social worker and of the programme manager revealed that the record keeping system was not centralised or consistent – with statutory files for different children being kept in different places and in different ways with systematic differences across racial lines with the social work files for black youth being less adequate.⁴³ The major differences were: less consistent process note recording for black youth; more missing information such as court reports in the files of black youth; higher likelihood of statutory reports not being completed or submitted late for the black youth; less information about the family or community connections in the files for the black youth.

9.5 MANAGEMENT INTERVIEWS AND ASSESSMENT

9.5.1 **METHODS EMPLOYED AND CRITIQUE OF THESE**

Because different groups of employees would view the management of the Home very differently, the interviews with child care workers and management staff was supplemented with a formal organisational assessment completed by a postgraduate social work student working

⁴² The social work files of 34 of the youth in the IMC pilot project were examined looking for process records to indicate social work contact. When only 16 were found the social worker's diary was consulted and she was then asked to retrieve from memory any additional contacts – she was not able to do this. As Silverman (1993: 67) points out, the problem with how reliable the method of recording is contaminates the use of records as a count of incidents but in this case two other approaches (diaries and memory) did not yield additional data and the records are taken as true accounts of the work done.

⁴³ Prior to the amalgamation of the Homes in 1996 most of the black youth were on the campus at Izeli where the social worker was working without supervision and was nearing retirement age. Until August 1996 this social worker was using a report format designed for the 1960 Children's Act which referred to black children as "Bantu" instead of the format designed for the 1983 Child Care Act which does not provide a racially discriminatory format for reports. ("Bantu" is another racist term which although meaning "person" in at least one African language; was used in a discriminatory sense in the 1960s and 1970s).

under my supervision. The findings of these were placed in the theoretical model of the Quality of Internat Life (Wozner 1982: 1062). To enhance the collaborative aspect of the research all this information was fed to staff at a meeting at which the perceptions were debated, disputed and focussed.

Any assessment of a situation that will result in recommendations for change or training is prone to the criticism that deficits are identified and that training is a process of “fixing deficits”. No matter how the information is gained this turns the whole process into a hierarchical one where an expert identifies the needs and the solutions and “shares” these with others. It is a valid critique, in my opinion, that the organisational assessment of this study had elements of that top down approach but as the information was shared and debated collectively this did not result in a sense that I had externally identified skills deficits. There was a shared belief that the information presented reinforced a collective process of leadership development (Treleaven 1994: 138). In addition, the process of generating new structures and procedures was collaborative.⁴⁴

9.5.2 WOZNER'S QUALITY OF INTERNAT LIFE: A THEORETICAL MODEL

Wozner (1982: 1062) suggests that it is important to assess the whole life space of the institution – something referred to as the internat – as the quality of life of all people in the internat environment is a major determinant of the processes taking place in all institutions whether they have been set up to seek change or promote some benefit in the youth concerned (reclaiming internats) or if they are simply places of control (non-reclaiming internats). Given that Wozner (1982) presented the model in 1982 it is interesting to note its resonance with the reclaiming environment referred to by Brendtro et al (1990: 2-3) as discussed on page 195.

Wozner (1982: 1062 - 1063) designed a 16 cell table for the analysis of the internat focussing on what he termed the “Facets” of functioning. These were organised on two axes – Facet F (Fields) and Facet M (Modes).

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A quote from the notes from one meeting: “When you started speaking I felt defensive as it seemed that you were telling us what we were doing wrong but as we have spoken I realise that I knew everything you have said and some of the things I have wanted to say for a long time myself ...” (Senior child care worker).

The four Facet F areas are:

- | | | |
|----|-------------------|--|
| f1 | Personality field | “system of particular characteristics that are specific to a given internat ... (and) determine its individuality” |
| f2 | Physical field | “Totality of material assets and traits pertaining to or associated with internat” |
| f3 | Societal field | the internat as a social institution |
| f4 | Cultural field | the system of values associated with the internat |

The four Facet M areas are:

- | | | |
|----|-------------------|---|
| m1 | Expressive mode | Exercise of energy by the internat |
| m2 | Adaptive mode | Participation of the internat in reciprocal shaping of itself and the environment |
| m3 | Integrative mode | Process of maintaining harmony and compatibility among parts of the internat |
| m4 | Conservative mode | Adherence of internat to those features that establish its identity |

Wozner (1982: 1064) combined these fields and modes into a 16 cell table, referred to as the Quality of Internat Life Map (QILM), which provides a useful tool for the assessment of the quality of life of all residents in the internat. The QILM can be, and has been, used to assess internats and make decisions about areas for intervention and ways to intervene in those problem areas (Wozner 1982: 1068). For the residents of an institution, use of the QILM assists in assessing how closely the internat is able to provide for the progressive and developmental needs of the clients. For the families of clients the QILM enables a process of evaluating the relationships between the internat and the wider community (Wozner 1982: 1069). For sponsors

the QILM is a quality and relevance control measure and for the professionals it is a useful mapping device for understanding the different levels at which all functions need to be performed (Wozner 1982:1070). Thus, although the QILM and internat assessment are ideas that were developed in the early 1980s they have lost none of their significance or value over the course of time.

The QILM is represented in Table 12 (Wozner 1982: 1064).

This model was used to assess the functioning of the Home and at a three day meeting held towards the end of 1996 my assessment was presented along with other material.⁴⁵

In the **Personal/Psychological Field of functioning** the following observations appeared pertinent. In terms of the *Expression mode* of functioning the Home was not achieving many of its goals and there was limited self expression. Although the team tried to operate in a democratic manner, many decisions were not carried through (cell I). In terms of the *Adaptive mode* of functioning in the personal field (cell II) the Home sought to create facilities that could be used by the youth and children to find relaxation in the facility. The restrictions on freedom were limited and the youth were permitted to move off the campus when they wished to do so.

As a system functioning in the *Integration mode* (cell III) there was an assumption by many of the white staff that the Home represented a mentally healthy and balanced outlook while the black staff (and one of the white staff) felt that issues of race were not being directly handled and the tensions were not being expressed. Racism issues between the youth were being recognised and handled as individual behavioural elements with no effort to work on them holistically. In the *Conservation mode* (cell IV) the Home in October 1997 was seeking a new identity and there was an ongoing sense of uncertainty about the identity with concerns being that the formerly white identity of the King William's Town Children's Home was being imposed on the youth and staff from the ex Woodland's Home on the Izeli campus.

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Because of the abstractness and theoretical form of the model I presented my perceptions without presenting the model itself as I did not want the model to become a block to the discussions at the meeting.

Table 12
Quality of Internat Life (Wozner 1982: 1064)

MODES OF FUNCTIONING	FIELDS OF FUNCTIONING			
	Personal Psychological	Physical	Social	Cultural
Expression	Self expression: fulfilment of personal choices. Goal attainment I	Control of physical environment V	Achievement of social position IX	Landmarks in culture, art and religion. Achievement of the internat with respect to values XIII
Adaptation	Utilisation of facilities for relaxation, recreation and enjoyment Interaction between the internat and the environment II	Consumption of physical objects such as food, clothing, shelter, energy, art, knowledge and understanding of the environment to enhance such consumption VI	Use of settings for the conduct of social, economic activities (including place of employment) X	Use of cultural instruments eg books and theatre exhibits XIV
Integration	Mental health, mental balance Interaction among characteristic parts of the internat III	Physical health, sexual competence and control Interaction among various physical parts of the internat VII	Grasp of the social environment; congruence between social roles Compatibility of roles within the internat XI	Grasp of values; congruence of value systems in the culture: feelings of moral and conscientious integrity XV
Conservation	Self-identity; stability of the psychological self Distinctness of the internat IV	Stability of the physical environment VIII	Rootedness in the outside society; meaningfulness of historical and social continuity XII	Stability of the cultural, moral, artistic, aesthetic, religious fabric XVI

In the **Physical field of functioning** the following observations are relevant. In terms of the *Expression mode* the physical space of the organisation was well maintained with a clear sense of the role of the Home in the care of children as the expectations were realistic in terms of level of cleanliness. Conscious attempts not to create excessively “middle class” environments were in place so that distances between the natural home of the youth and the Home itself were limited while still providing for basic needs. For instance fridges, and stoves are present in all units and each has a television set but M Net is not provided (cell V). On the *Adaptation mode* level (cell

VI) there were vague procedures in place for enhancing responsibility for the physical space in which youth lived through things such as shared responsibility for the preparation of meals and self managed clothing allowances. In the *Integration mode* (cell VII) in the physical field the issues around racial and gender integration are pertinent. While attention was given to the physical health of children the issue of sexual control (sexuality education) was underplayed and the staff admitted to finding sexuality education very difficult. Again the issue of racism evident amongst the children and within the staff team was not being addressed. In the *Conservation mode* (cell VIII) there were questions raised about the process of setting up the IMC pilot which involved moving many youth out of units where attachments had been formed and thereby undermining a sense of stability for the youth (Beukes & Gannon 1993: 70).

In the **social field of functioning** the Home faced many challenges. In the *Expression mode* (cell IX) the youth faced a continuous struggle as the stigma associated with being in care continues⁴⁶ to exist for the children. In addition there was limited contact between these children and the community outside of school hours which mitigated against addressing this stigma. The use of group homes in the community was an important route for addressing this integration issue and thus it was considered unfortunate that for the IMC pilot project the youth (at a developmental stage when social integration is most important) were brought onto the central campus and separated from the community. They were also placed in adolescent only, single gender units which further limited the “normalness” of their life space.

The Home demonstrated an ability to consider the objectives of their programme in decisions about space use (and thus agreed to the single gender, single age units requested by Outward Bound) but these decisions were not always based on other principles supported such as developmental theory. Thus in the *Adaptation mode* (cell X) the conclusions drawn were mixed. Some work-related needs were being ignored completely as evidenced by the open plan office of the social workers (October 1996). In the *Integration mode* (cell XI) the issue of race poses a challenge. This mode requires the internat to be cognisant of the social roles of the people in the

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The Children's Home continues to exist and many of these issues continue to be of importance. While it would be more conventional to use the “past tense” throughout this thesis the occasional use of the present and future tense is intended to draw attention to the ongoing dynamic nature of this context.

system – an argument suggesting that functional and social roles need to be complementary. Thus although there were trained child care workers in the units (functional role) there were no black male child care workers and no white child care workers (social role) resulting in imbalanced role models for the youth in care. Furthermore the functional role problems of child care workers not participating in meetings was predicated on the history of social roles of racial inequity.

In the *Conservation mode* (cell XII) the Home could be said to be rooted in the outside world in that its demographics reflected the general population, but with limited transformation of the power base in the organisation, social continuity was undermined.

Finally in the **cultural field of functioning** many of the early concerns came together. In the *Expression mode* (cell XIII) there was recognition of the profession of child care as a culture encapsulated in the IMC paradigm and these values were reflected in the decisions made on a day-to-day basis. In a broader socio-cultural sense the Western paradigm continued to dominate with little overt effort to incorporate African values for staff or youth. In the *Adaptation mode* (cell XIV) there was a real lack of effort to use the available instruments of the Xhosa culture – the white staff appeared ignorant of Xhosa culture and very little was done to balance this. The willingness of child care workers to build cultural education into their work was limited by cultural prohibitions on what could be discussed – for instance child care workers felt that it was not appropriate for women to be discussing initiation with the youth⁴⁷.

In the *Integration mode* racial integration (cell XV) had been achieved at a superficial level only with white staff feeling that it had been more successful than the black staff did – they still expressed feelings of powerlessness. Until issues of racial diversity and the needs of staff and children for recognition of their cultural heritage were addressed directly this integration would remain superficial. In the *Conservation mode* (cell XVI) the greatest stability was in the culture of religion with the Home following the practice of only employing Christian staff and with most meetings starting or ending with prayer – a practice that was not questioned. The predominant

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One child care worker said, "How can I discuss initiation schools with a boy when this is against my culture – can I be expected to teach these young people about my culture when I am asked to do this in a way that is not allowed in my culture?"

use of English as the medium for communication and meetings entrenched the stability of the Western influence.

Although the material generated from this analysis was perceived as useful by the team, the model itself is time consuming, complex and unwieldy and is thus only useful as an assessment tool on an infrequent basis.

9.6 INFORMATION FROM INTERVIEWS AND FROM OBSERVATION OF FUNCTIONING.

Other data gathered before the design process was from interviews with other staff and from direct observation of practice.

Social work services were “inadequate and poorly organised”⁴⁸ with the social workers experiencing their work as disempowering and frustrating. No social work supervision was being rendered. Casework was the only method being used. The social workers were unclear about their position in the management hierarchy of the Home. The occupational therapist was responsible for the co-ordination of skills training resulting in role overload. Language barriers made the work more complex as the occupational therapist and one of the social workers did not speak Xhosa. There was a perception that the social workers and occupational therapist should perhaps not be teaching life skills in the groups or in individual sessions with youth as this encouraged a separation of the skills from the life space. There was an equally strong counter group arguing for increased group work services. The result was very little action at all.

Individual development programmes were not up to date – at least 18 of the 34⁴⁹ youth did not have programmes that had been updated in the past year. This was partly due to the Programme Manager being responsible for co-ordination, supervision, planning and writing of programmes for all 160 children. There was a lack of support for her in her supervision and management tasks.

⁴⁸ This is not a judgemental label – these words are direct from interviews and discussions with the social workers.

⁴⁹ These 34 youth were those from the IMC pilot project group who were in care at the time of this assessment process.

The programmes themselves were not based on a strengths or developmental model; instead they were based on a process of trying to remediate problems.⁵⁰ The youth were not meaningfully consulted on the content of programmes although they were all told what was in the programmes. Compliance with the programmes was limited, with the child care workers expressing that they did not always understand what was required of them.

9.7 SUPERVISED STUDENT ASSESSMENT

As I was very conscious of the way my opinions and observations were influenced by the project and by my involvement in the project I recruited a Masters student in social work administration and management to assist with an overview of the organisation. Together we designed a short series of open ended questions which she administered to the members of the team which was then followed five months later with a second interview. Using this information we examined the organogram to identify possible areas of difficulty. Only the director agreed to be interviewed on tape and the others wanted notes taken – in total six people were interviewed. They were the director, one of the social workers, the programme manager, the financial manager, the administrative support person and a senior child care worker.

They were asked to discuss how they would describe the management style of the organisation; where they fitted in to the structure in terms of who they reported to/who reported to them and the nature of those relationships. Job descriptions as useful tools for understanding one's role and function were discussed. Attention was given to the communication channels and accessibility of senior management staff along with questions about how accountability and supervision were organised.

The student's findings (Swanepoel 1997) were that while the senior management (the director included) valued democratic management – including a willingness to debate policy decisions; to share decision-making and to delegate real authority to others (Swanepoel 1997:1) – this was tempered by a lack of through flow of these functions beyond the middle management level. At this level the managers tended to inform child care workers and administrative staff rather than

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Programmes were based on a problem profile drawn up after use of a British measurement tool (ATA Child Profile).

consult with them (Swanepoel 1997:2). The lack of direct representation on the management committee and the lack of a direct and formal channel to the Director left staff feeling that they were being managed by “remote control”. Thus while the Director was willing to delegate authority, the next level of management was not willing to take it on and involved him in an overload of communication about all decisions, resulting in increased lack of accessibility to other staff.

Functional job descriptions were absent and the lack of them further complicated authority delegation and decision-making resulting in staff following the course of least resistance or appealing to a manager other than their own supervisors if they anticipated a more favourable reception. The student and her interviewees (Swanepoel 1997: 4) agreed that the breakdown in the child care system – especially in terms of failure to set up individual development programmes for youth – was a result of role overload for the programme manager and the two social workers. Most of the interviewees identified that there was insufficient real black power in the organisation and that the existing senior positions held by black staff were out of proportion to the rest of the management team and the staff profile (Swanepoel 1997: 4) – this observation was supported by all those interviewed with some of the white staff indicating that there wasn’t “anyone ready” to be promoted to a position of real responsibility.

Structurally the system provided no career paths for staff, with almost no scope for promotion. In the desire to create a democratic system the director had limited opportunities for advancement (Swanepoel 1997: 4) and although accountability was a well established ideal there were very few mechanisms in place to make it effective (Swanepoel 1997: 5) with even supervision not being provided uniformly (Swanepoel 1997: 6). Of great value to the organisation – in the perceptions of staff – was the commitment to capacity building and training with many staff registered for child care courses offered by UNISA and the NACCW (Swanepoel 1997: 6). The lack of overtly expressed policies or procedures (for staff and youth) increased the uncertainty within the organisation and led to reliance on the practice wisdom of others – no matter how faulty this would appear to be (Swanepoel 1997: 9).

10 COLLABORATION ON MEANING

The process of finally defining the problem and setting goals (Table 9, page 46) is a process in which there is collaboration on the meaning of data gathered. In line with this all the data was discussed with staff and then presented in an extensive report which was given to each staff member with three weeks time to read it. In November 1996 a three-day *umhlangano*⁵¹ (Boon 1996: 92) was used to discuss the report and to develop a shared view of the values held central by the staff group. We debated the report (as a structure around which the discussion could be built) and at the end of the three days were able to generate a collective vision of what we ourselves wanted to build into a Manual and pilot. In some ways this was handled as a workshop with discussion moving between large group and small group formats depending on the nature of the issue and the expressed wishes of the participants (van Rooyen 1998: 88). The first part of the *umhlangano* was dedicated to relationship issues within the team as it was recognised that there were dynamic issues of trust and fear to be dealt with before full participation was possible (Boon 1996: 97).

This *umhlangano* as a reflective phase (Heron 1996: 142) was structured to increase the validity of the collaborative process. Heron (1996: 143) warns against reflection becoming uncritical subjectivity and argues that collaborative research does not mean that the opinions and thoughts of the team are simply accepted as valid. Instead a rigorous process of reflection is needed to make sense of perceptions and to organise action data. The process to be followed involves description (a phenomenologically coherent account of action), evaluation, explanation and application (Heron 1996: 142). In this study, the description involved an active debate of the opinion expressed by me and the synthesis of opinions given to me in interviews and discussions. Heated debate around who said what was eventually replaced by less threatening statements of "sometimes this and this happens" and this process of depersonalising allowed us to make progress in a unified description of what we needed to change.

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An *umhlangano* is an interactive forum made up of discussion groups where the issues that are discussed are those raised by group members and where, if needed, opportunity for secret ballot or written input is given until trust has built up. The fora must be democratically run and are dependent on the trust and accountability of the managers (Boon 1996: 89-92, 97).

Evaluation as the process of assessing the soundness of descriptions seeks in the subjective range of descriptions some uniformity or shared statement of objectivity as far as this is possible in human encounters (Heron 1996: 143). Explanation is sought, not in terms of simple attributions or causal explanations but in terms of theory building and holistic thinking is used to seek within the evaluated and accepted descriptions an understanding of patterns and systems and trends of action and consequence. Time was thus invested in understanding what actions and consequences were linked and why. For example, this process allowed us to understand that the quietness of the child care workers in meetings reflected a sense of loss of power in the system rather than a lack of willingness to be involved.

Bipolar thinking is employed to avoid unipolar explanations and to extend the inquiry to the interdependence of polar opposites (Heron 1996: 143). In this instance the lack of involvement of the child care workers was explored from different views about what role responsibilities are and what constitutes “quietness” and it came to be accepted that quietness and involvement were not interdependent but that they were not fully independent of each other either – at least at the level of impact on team decision-making.

Attention is given to the cultural, social and historical context (the hermeneutics) of the descriptions so that understanding is informed by prevailing norms and beliefs (Heron 1996: 143). Cultural domination of the way decisions were made was identified by discussions on what the child care workers and other staff were thinking and feeling through each of the action incidents discussed. Heron (1996: 143 - 144) avers that careful attention be given to not limiting the explanations to uniperspective analysis but seeking rather an explanation that is not perspective dependent. He further suggests that in explanation one should not ignore the possibility of the mystical and subtle levels of influences and dynamics. There is space for deterministic thinking when it allows a framework of relativity – of the possibility that causation is not linear. It was thus agreed that while it was true that the quieter the child care workers were the less likely they were to feel that they belonged and the less likely they were to be consulted, it was also true that lack of consultation resulted in a feeling of not belonging and of quietness in meetings. While one thing determined another the determination was reciprocal.

After a process of seeking explanation the task is to decide on concrete actions by which the application of the explanation is made possible (Heron 1996: 144) and this marks the transition from one reflective phase to the next action phase as is typical in action based research. Therefore at the end of the three day meeting (*umhlangano*) the following were confirmed as essential in the design process:

a Qualifications of child care staff and ratio of worker to youth

It was recognised that child care staff were better qualified than was the case in State institutions but that this was not enough to enable effective knowledge utilisation (Beker & Eisikovits 1991: 7) in the model required. The ratio of child care worker to staff would never exceed 1:10.⁵² The social worker to youth ratio was unacceptable at 1:80 and should be set at 1:60. (cf IMC 1996b: 10). Experiential training and close supervision would be the model used to increase the acquisition and use of knowledge.

b Cost

Costs must be kept below the national State figure of R 2327 per youth per month (cf IMC 1996b: 11).

c Racial integration

Youth should have a significant available role model able to speak his or her own language and to understand his or her own culture. Units would continue to be racially integrated but attention would be given to meeting individual needs so that there was less need to exploit group differences (cf IMC 1996c: 26).

d Adolescence

Developmental needs must be given consideration and thus single gender single developmental stage units would be disbanded systematically even though they had been part of the contract for the IMC pilot. Attention would be given to the

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In the period under review the child care worker to child ratio in fact never exceeded 1:10 (girls) and 1:6 (boys) for single gender units and 1:10 in mixed units.

cultural demands of the life stage (such as circumcision) and increased personal responsibility would be the first phase in encouraging independent living skills.⁵³

e Adventure training and reasoning

It was recognised that the IMC pilot would need to be completed as contracted but that through it the team would decide what criteria should be in place to ensure that in future this kind of experience was made available in an individualised manner. The lack of ability to reason abstractly (which is normally associated with the adolescent developmental stage) was viewed as important.

f At risk behaviour

While recognising that many of the at risk behaviours were commonly associated with adolescence the child care workers and their supervisors agreed that the following should be given attention: substance abuse, absconding, sexuality related risks, aggression and violence.

g Independence and resilience

Skills training for those who were still at school and those who had withdrawn would be an important vehicle for promoting resilience and independence as it creates situations in which competence, resourcefulness, autonomy and a sense of purpose could be experienced. Adventure training was also relevant.

h Attention to practice principles

The principles as discussed on page 46 were confirmed as important: competence-centred ecological principles, normalisation, developmental work, community based care and integrated care. It was felt by the team that all their practice should consciously seek to achieve these principles and that practice could be planned and assessed in terms of them but that this would be an ongoing process.

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Four girls and three boys were moved into independent living units where they cared for themselves with minimal supervision.

i Returning youth to the community

It was accepted that it was often hard to return youth to their families and to their communities. Poverty often meant that families who wanted their children home were not able to provide for them and at other times the family breakdown associated with poverty was such that once youth were in care they lost contact with migratory families and had nowhere to go home to. While effort should be made to trace family (immediate kin or extended) it would be necessary to ensure that each youth would at least be able to care for themselves if they had to. This ability to function independently⁵⁴ was seen as a developmentally necessary life skill which, under ideal circumstances, a youth could take with him or her back into the community.

⁵⁴

Independent functioning is viewed as the capacity to care physically for one-self (nutrition, hygiene, managing money, ensuring personal safety, ability to earn a living, safe sexual behaviour) rather than a more psychological meaning of not needing to be with others or being able to live alone.

Chapter 4

Design

1 **INTRODUCTION**

“Design is a stage of purposive planned change, one of several alternative processes leading to the development of social interventions” (Mullen 1994: 164) and it is the process of selecting alternatives that defines the outcomes of the process. In participatory developmental research it is essential that the team is involved in the design of both the intervention and the method by which it will be assessed. The outcome of the designed interventions is important in terms of the contribution the innovation being put in place makes to practice and the theory that is built by the implementation of the innovation (Tripodi 1994: xix (foreword)) but if the implementation of the innovation is going to be sustained in the context after the research process is over, it is essential that the innovation is owned by the site at all levels, and at all stages, of the process. Ownership is advanced by involvement in the design process and the design itself is enhanced by the direct knowledge the people working within the site are able to contribute to the process.

In terms of the model used in this thesis the tasks of this stage are listed in the table below.

Table 13

Design: Participatory Developmental Research

Stage	Processes and tasks
Design	Developing participation in design Co-operative problem solving based on goals Design a practice model based on aspects of problem: specify roles and competencies along with process. Plan intervention and monitoring and assessment

2 **DESIGN : A SECOND STAGE IN THE PARTICIPATORY DEVELOPMENTAL RESEARCH MODEL**

The aim of this stage is to develop a practice model that is understood by those that are going to need to implement it and that addresses the concerns identified in the first stage. Nel and Nel

(1992: 15) stress the need to specify the roles and the competencies required to carry out the intervention that has been designed and this is a useful way of circumscribing how the model should be implemented.

The questions to answer are about what is going to be done; how it is going to be done; who is going to do it and how it will be assessed and evaluated. In the design stage there are two sets of objectives – the intervention objective (working more productively with youth in residential care in South Africa in the late 1990s) and the design objective (to design and develop ways of working with youth) both of which provide the frame for the design process (Mullen 1994: 169): a sharper focus is found when these objectives are placed in the context of the domain of the design where some elements of the intervention space are seen to be fixed (such as the physical resources of the Home) and others are open to change (how these resources are used). A process of identifying elements that are fixed enables the design group to focus more clearly on what can and should be developed and changed.

In this study because the information gathering, and the analysis and synthesis of information and the problem, had been done collaboratively it was possible to proceed to designing the intervention in the same way as is required by the first step in Design stage of the Participatory Developmental Research model as reflected in Table 13 (page 97). This was achieved by asking questions about each aspect of the identified problem:

- 1 Given what we know about our own practice from the information we have gathered can we identify what we need to change?

- 2 Having identified what we need to change where are we able to find alternatives to what we are doing now (Nel & Nel 1992: 140) and how applicable are these to our existing context?

- 3 Once we have exhausted existing available alternatives what questions or issues are still not answered or do we not yet have a plan for addressing?

- 4 Can we design a way of working – that draws on our own practice and the literature – that will assist us in answering questions for which we have not found existing interventions?

The problem domain had many levels and it was clear that until some of the issues had been addressed (such as child care worker participation in decision-making) full participation in all levels of design would not be achieved (Heron 1996: 22). Because involvement in design of the process is a political necessity⁵⁵ (Heron 1996: 21) it was necessary to find a way of involving all of the team members meaningfully without only creating an appearance of involvement.⁵⁶

In the participatory model being developed in this thesis, the decision was taken to carry out the design process in groups (Heron 1996: 43) which tackled questions or exercises that fall within their field of interest and competence. Their deliberations were then fed back to the larger group and debated and refined at that level setting up an action-reflection-action cycle reminiscent of action research in the design stage (McKernan 1991: 11). In this way the groups could work in a way they experienced as safe while the process of integrating the group into one cohesive unit was carried forward⁵⁷ – a process that acknowledged the uneven power relations in the organisation and set in place a process of subverting them (Kahn 1994: 72).

An example would be the need for a male child care worker with knowledge of the Xhosa culture. Child care workers did not raise this in the meetings initially as they feared that “they will think (we) cannot cope without men” but when the idea was fed in as a group decision and met with an overwhelmingly positive reaction they were able, in that same meeting to also express their

⁵⁵ Heron (1996: 21) argues that the democratisation of research is a human rights issue as it is centred in the right that people have to be involved in the decisions that are made about them.

⁵⁶ If the design was carried out in the large group the child care workers would not participate but the group would give the appearance of working collaboratively. If the child care workers did not participate it is not collaborative research.

⁵⁷ One child care worker said in an interview, “I am never sure when I use English that they will understand what I mean so I don’t say anything. It helps to be able to discuss with Nomsa in Xhosa what it is that I think and then let her speak for me in English. When you give me time to do this then I am happy to hear the group talk about my ideas for a change. I wish now that I could learn to do this myself ... maybe one day I will be brave”.

concerns about sexuality education. In the same way the fears of the management (Kahn 1994: 71) could be discussed openly in a management group where the perception of “losing face” was avoided. However, final agreement on each element of design was taken in the large group to ensure ownership of decisions so that resistance could be controlled as far as possible (Cosier & Glennie 1994: 99).

3 **DESIGN AS A PRECURSOR TO EVALUATION**

When an intervention is designed it should be an automatic question as to how that which is designed and implemented will be assessed for effectiveness and efficiency. As “intervention research is distinguished from pure activism by its use of research methods to examine how and why a change programme does or does not work” (Fawcett et al 1994: 37), the researcher is continuously testing the work being done against the relevant standards and procedures of social science research. The aim is to produce socially significant results that may or may not be statistically significant. The cycle is then set up in which data is collected and analysed; the intervention is replicated in field conditions and the intervention is continually refined (Fawcett et al 1994: 33 - 38).

The design of the evaluation (research) process should run as parallel as possible to the design of the intervention – this differs from both Nel and Nel (1992: 15) and Rothman and Thomas (1994: 11) who indicate a preference for designing the research or evaluation process in the next phase of Development or Pilot Testing.

4 **METHODOLOGICAL REQUIREMENTS OF THIS PHASE: SUGGESTIONS FROM NON -PARTICIPATORY MODELS**

Table 14 reflects the tasks that Nel and Nel (1992) and Rothman and Thomas (1994) believe should be achieved in this stage, juxtaposed against the suggested steps in the Participatory Developmental Research model. It is hoped that this will assist the reader in placing the new model within the context of existing theory.

Table 14
Tasks of the Design stage: three models

Rothman and Thomas (1994:11)	Nel and Nel (1992:14)		Participatory Developmental Research
Activities	Methodology	Requirements	Tasks
Identify design problems and intervention requirements	Specify general and long-term goals	Identify goals and objectives	Undertake co-operative problem solving based on goals set in Entry and Analysis stage
Specify boundaries of domain and design and development	Circumscribe a practice model – use existing one or initiate own. Use this to specify the domain of the intervention	Specify practice model (includes the domain of the intervention)	
Determine design participants (eg a design team including the role of users)	Role specification (Nel & Nel 1992: 15) – refers to the roles that participants carry out to meet objectives		Develop participation in the design process
Select a design and development site		Tentative presentation of the innovation	
Use disciplined problem solving and creativity	Specify the competencies required in the innovation model		Specify the roles and competencies of all involved along with the process of carrying out the model. This leads to planning a practice model
Generate, select and assemble solution alternatives	Specify training needs of those involved	Develop innovation procedures	
Formulate an initial intervention or other innovation model	Set objectives based on roles, competencies and learning needs within the context		

5 **GOALS AND DOMAIN OF THE INNOVATION: AN ALTERNATIVE MODEL OF RESIDENTIAL CARE**

The goal of the innovation is to generate a practice model for the structuring of residential care services in terms of the national policy requirements that will enable residential care contexts to work developmentally with youth to empower their progress towards independence. This goal is general and is not measurable in itself but enables one to specify the domain and boundaries in which the design process must occur (Rothman & Thomas 1994: 11; Nel & Nel 1992: 14).

In the work of Steyn (1992) and Ludick (1996) the boundaries of the design and project development were limited to the specific interventions they wanted to carry out and were thus time limited and group specific. Both found sites in which to carry out theoretically-based process (stress management and gestalt play therapy respectively) but the site did not form part of the design process. In these cases the site was taken to be a fixed element (Mullen 1994: 169). In my project the context of the Home was not assumed to be fixed and was central to the intervention design thereby increasing the complexity but also the flexibility and the potential for truly collaborative, transformative work.

6 **DESIGN PARTICIPATION**

Neither Reason (1994) nor Heron (1996) give sufficient attention to participation in the design of a new intervention. Both focus on the inquiry into existing ways of being and working and stop short of providing in their texts guidelines for increasing partnership in real design change – a lack identified by Cosier and Glennie (1994: 119) in terms of their own work but not directly dealt with by any of the other authors consulted. Literature on collaborative enquiry/participatory research deals extensively with the analysis and problem definition phases and there is recognition that not much attention is given to the methodology of the research (van Rooyen & Gray 1995: 90). The important issues of how to go about designing a new intervention in the first place, and how to do it co-operatively, are generally not considered in the literature. Intervention and developmental research literature come into their own at this point and provide useful guidelines that can be adapted in a participatory model.

For the researcher there is often a conflict between wanting to be rigorous and the commitment to the team to be responsive (Whittaker, Tracy, Overstreet, Mooradian & Kapp 1994: 209). Allowing for individual and group needs sometimes means that the data generated is not as “clean or pure” as “scientific inquiry” would normally demand but the intervention which remains owned by the team is more likely to be used after the researcher’s exit from the project and thus this less “clean” form of research provides rich insight into the real world application and meaning of the intervention (Whittaker et al 1994: 209).

Working with the project team (which became the design team) and using information from small group discussions, the three-day *umhlangano*, the literature and the interviews conducted with staff and youth and the reports written for the IMC pilot, a practice model (Nel & Nel 1992: 14; van Rooyen & Gray 1995: 91) was circumscribed based on the outcomes sought for youth and the competencies required by staff. This model kept in mind that very few of the elements of the Home were considered fixed and we thus had the freedom to extend the design into the organisational structuring of the system (Mullen 1994: 169).

7 **DESIGNING A MODEL BASED ON COMPETENCIES**

The model generated specifies the competencies required and the roles participants will play and is linked to the implementation objectives (Nel & Nel 1992: 15) so that a cohesive and coherent practice image emerges – this is in keeping with the Participatory Developmental Research Model requirements as reflected in Table 14 (page 101). The following section outlines the decisions made based on the data presented in the preceding chapter.

8 **WILDERNESS EXPERIENCES IN RESIDENTIAL CARE**

8.1 **PROGRAMME DESIGN**

Wilderness experiences and adventure training are considered to be important aspects of the intervention package but the strict format of the Outward Bound process was not considered to be the defining value of this process.⁵⁸ Future adventure training experiences at the Home would

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The remaining contractual obligations with Outward Bound would be completed but other avenues sought for extending the use of adventure training in a more flexible manner. This was not viewed as an indictment of Outward Bound but rather a desire to find a more inclusive way of using what was learnt in the Outward Bound partnership.

be offered as one of the range of intervention options which would be moulded to meet the treatment and care objectives for individual or groups of youth in the Home. Participation intensity (duration and nature of courses) would be determined on an individual basis depending on the particular need of the youth involved. It was viewed as important for reasons of cost-effectiveness to build capacity *within* King William's Town Children's Home and infrastructure *at* the Home to be able offer adventure training largely independent of other organisations. It was also decided to employ a trained⁵⁹ Xhosa-speaking male to facilitate the use of adventure training experiences at the Home. This person would be provided with child care training and would be used in a child care role with the adolescent boys.

8.2 ROLES AND COMPETENCIES

The employment of a qualified adventure trainer would enable the Home to increase competencies in the use of outdoor education amongst its own staff.

9 CAPACITY BUILDING FOR CHILD CARE WORKERS

9.1 PROGRAMME DESIGN

It was decided that child care workers had practice skills needs and empowerment needs. The programme aimed to provide both of these levels of training within the framework of organisational restructuring to enable more effective use of new skills at both of these levels. Immediate practice skills needs were identified as: behaviour management; sexuality management; supervision; managing aggressive behaviour; substance abuse issues and diversity training. The team identified the need to have this training provided by people operating in the same philosophical approach to children and youth. Use would be made of existing practices (Nel & Nel 1992: 14).

Assertiveness training was identified by the child care workers as the first level at which the empowerment issues needed to be addressed. A new intervention (Mullen 1994: 166) was viewed as important here but it was agreed by myself, the managers and the student social workers that it would be structured in terms of the experiential learning process (Beker &

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The incumbent is a trained wilderness instructor from a Cape Town community.

Eisikovits 1991: 10-14). A six week programme was developed which would cover the following:

- **Assertiveness** Difference between assertiveness, aggression and non-assertiveness. Role of assertiveness. Function of assertiveness. Teaching assertiveness
- **Communication** Giving and receiving communication. Skills of effective communication
- **Conflict** Causes, triggers and management of conflict. Healthy conflict
- **Problem solving** Model for solving problems
- **Decision-making** Generating and actualising win-win solutions
- **Stress and Time** Managing those things that stop us communicating effectively or making careful decisions

9.2 ROLES AND COMPETENCIES

Child care workers needed to leave training feeling empowered to participate in the decision-making processes of the organisation. Training was designed in terms of their expressed needs, by me, in consultation with them. Social work students would be trained to carry out the training so that it could happen in Xhosa which is the preferred language of the child care team. Training would be bought in to ensure that racial issues⁶⁰ would be handled. Competencies in terms of working developmentally with youth would be increased through in- service and bought-in training programmes. The outcomes of these processes would be supported by restructured supervision processes which would ensure that all child care workers and other professional staff received adequate supervision structured along rational lines of accountability.

10 INCREASING STAFF INVOLVEMENT IN DECISION-MAKING AND REPRESENTATION AT MANAGEMENT LEVEL

10.1 REPRESENTATIVE SYSTEM FOR STAFF

10.1.1 **SYSTEM DESIGN**

For each group of no more than eight functionally complementary staff members (such as child care workers or maintenance staff) one representative was elected to form part of a representative

⁶⁰

Also known as diversity training

forum that would meet monthly with the director. Procedures were set in place including an agenda; delimitation of the nature of issues to be discussed; processes of feedback and record-keeping and integration of the process into other management systems.

10.1.2 ROLES AND COMPETENCIES

The newness of the representative system necessitated education in terms of the use of the system for all staff, and opportunities for the system to be tested and debated (Kahn 1994: 44). The director developed his capacity to run meetings, avoiding the power tactics of rules of order and parliamentary type procedure (Kahn 1994: 45) so that the meetings could be less formal and inhibiting. I acted as a consultant in this process at his request as it was recognised that if the changes in meeting styles were to permeate through the system the first level of change would have to involve the person with power – in this case the director (Levine 1989b: 30). We thus planned to assess each meeting and to seek ways in which he could facilitate the kind of open and participatory meeting atmosphere that was needed.

10.2 CONSTITUTIONAL CHANGE

10.2.1 CHANGES THAT AFFECT STAFF

It was agreed by the management committee and the management of the Home that the Children's Home constitution needed to be amended to allow for increased staff representation at the management level. After a process of consultation involving seven focus group meetings (Kahn 1994: 44) the major constitutional changes that were put in place⁶¹ were:

- direct staff representation on the Management Board in the form of two elected representatives
- increased community ownership of the Home in the form of registered membership procedures
- change of name to King William's Town Child and Youth Care Centre to reflect a move from only focussing on traditional residential care

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The new constitution was adopted in May 1998 and the first Board elected in terms of this constitution in the same month. There were 19 staff members nominated for the staff positions and the poll was 99%. For the first time in memory there was also a contested election for community places on the Board with 21 nominations for the 11 positions. All indicate a general acceptance of the principles of the constitution and the transformation.

- protection of staff rights and entrenchment of the principles of capacity building and affirmative action at management level

10.2.2 ROLES AND COMPETENCIES

The principles of constitutions were made available to staff through a series of workshops which were be followed by opportunity for staff to make input into the rewriting of the constitution. Changes (drafts) were made available to the staff for comment and sessions for feedback held in the languages of preference. I managed this process at the request of the team.

11 RESTRUCTURING THE ORGANISATION

11.1 PRINCIPLES OF RESTRUCTURING

Having assessed that the Home functioned in terms of a fairly linear, fragmented model of residential care (Barnes 1991: 133), although claiming to do otherwise, it was agreed by the research team that increasing a trans-disciplinary structure was dependent on change throughout the system. Based on the feedback from staff teams in the consultation process involved in setting up the new constitution and the representative team, the management group and I met to design new management structures. Of primary importance was the urgent need for affirmative action and the development of black staff capacity at a leadership level in the organisation.

In addition the processes we set in place needed to begin to overturn the strictly “Western” culture and provide opportunities for other ways of doing things at a management and decision-making level. It was thus planned that decisions involving changes in policy would only be taken after staff members had had time to consult with each other outside of meetings; that the pace of meetings would allow for more sharing of ideas and that while accurate records in the form of minutes were needed the meetings themselves would seek a less rigid structure.

A new position of residential care manager was created as a general management function overseeing the residential care programme.⁶² Radical restructuring was suggested to ensure

⁶²

Due to the size of the staff and the number of different projects being carried out the Director was no longer seen as functionally able to provide leadership and direction to the child care team and the position of programme manager (most senior child care worker) was not invested with the authority to provide this leadership. In the end the programme manager

senior support in the child care team and to improve lines of accountability. Some of the problems that had been experienced were that although neither the social workers nor the child care workers reported formally to the programme manager, all communication happened through her. Of equal concern was the absence of a suitably senior child care worker on the Izeli campus. Prior to restructuring, the residential care system operated as illustrated in Figure 3.

New positions of campus managers (2) were created⁶³ and the incumbents would be responsible for the day-to-day management of their campuses and for ensuring that effective and efficient child care services were rendered. Each would be supported by a programme co-ordinator who would be responsible for the writing, implementation and monitoring of individual development programmes.

The programme co-ordinator would supervise the child care workers responsible for the youth for whom she wrote programmes and between the programme co-ordinator and the campus manager all child care workers would be supervised by senior child care workers. The social workers and occupational therapist would also answer to the residential care manager but would be supervised by profession-appropriate consultants.

The new structure is represented in Figure 4 – the campus managers, programme co-ordinators, social workers and occupational therapist would form a middle management team who would all report to the Residential Care Manager.

11.2 ROLES AND COMPETENCIES

The management team would need to form a collaborative system to design the changes; ensure their implementation and monitor their effectiveness in achieving better communication, better service delivery and increased job satisfaction and accountability for team members. Achieving this required a change of attitude as much as of practice (Boon 1996), which was achieved by peer supervision and challenge.

was appointed to the position of residential care manager.

⁶³

In both cases the most senior child care workers were appointed – one in town and the other on the semi-rural Izeli campus. The latter was an affirmative action appointment.

Figure 3
Functioning of residential care system prior to restructuring

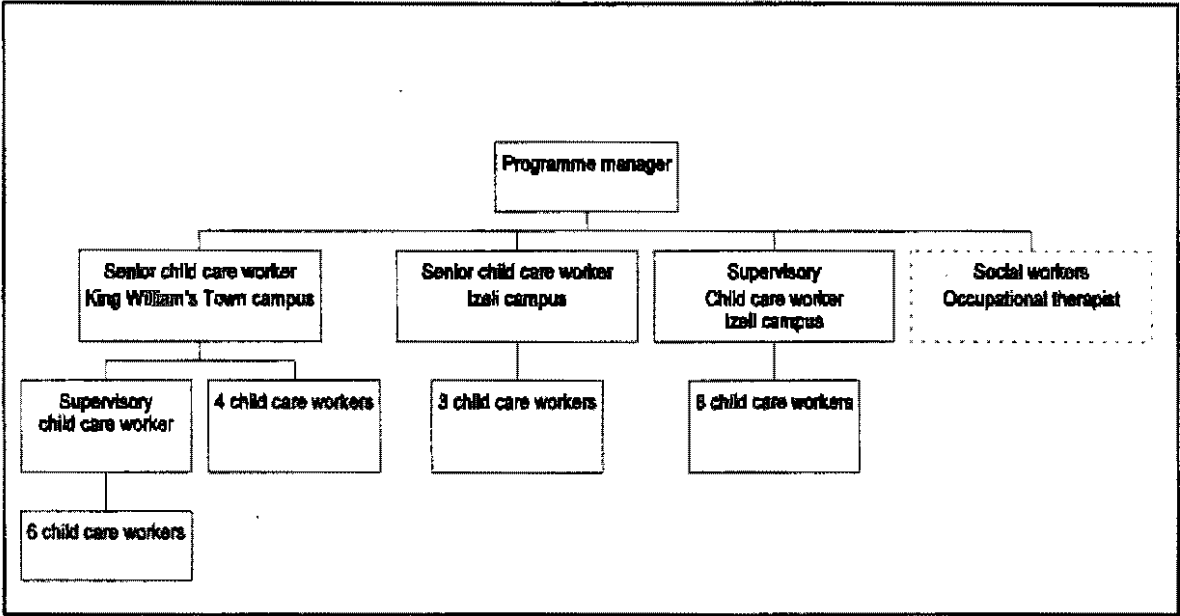
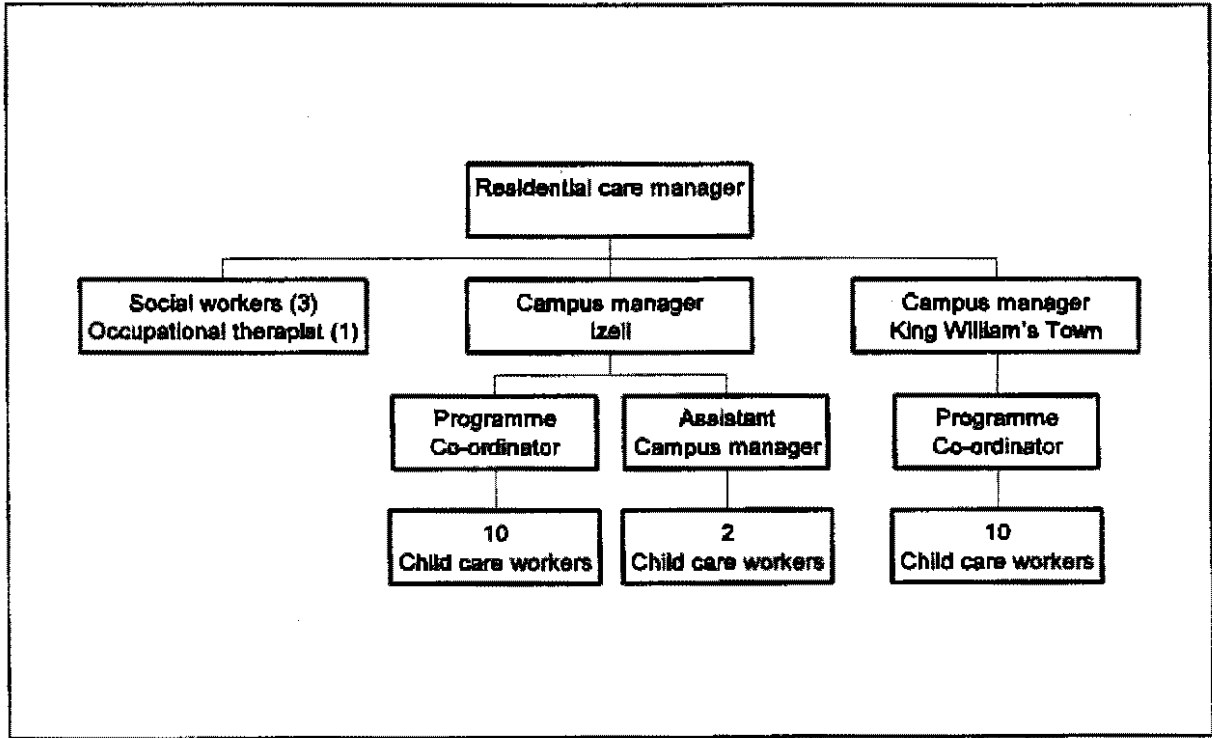


Figure 4
New residential care system



12 YOUTH POLICY: PRINCIPLES, ROLES AND COMPETENCIES

The youth and the child care workers were central in ensuring that this process happened in a relevant manner for the context. This involved youth education by the child care workers and education of the child care workers by the occupational therapist who took responsibility for workshopping and writing up the youth policy. Differentiated life experiences for adolescents were considered essential for promoting skills in independent living and thus a policy specifically for adolescents was designed collaboratively with the child care workers (see Appendix 1).

13 YOUTH COUNCIL

13.1 COLLABORATION AS A MECHANISM

There was significant staff resistance to a representative system for youth that would involve them in decision-making and provide a formal structure for their communication with the management because some had had experiences (or had heard reports) of children in other institutions using their representative structures to influence management to fire staff, and many were concerned about the system being abused by the youth. An effort to convert this resistance into ownership of the planning and design of this Council was based on the belief that "ownership cannot be given to anyone: it can only be elicited and developed through active participation in all stages of a planned change process" (Cosier & Glennie 1994: 99).

This effort did not, however well intentioned, take full cognisance of the fears of the child care workers (Kahn 1994: 27). More so than in any other area the child care group was given an opportunity to express their fears without challenge and allowed to define closely what kind of system would be acceptable to them. One child care worker who had bought into the idea and enjoyed a position of acceptance in her peer group facilitated this process on a one-to-one basis. Finally, it appeared that consensus was reached as the child care workers defined a tightly circumscribed process for the youth.⁶⁴

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This was an extremely challenging part of the collaborative process for me as I had management support to create whatever structure appeared appropriate but had to remain at the comfort level of the staff who would be required to maintain the system after my exit.

13.2 THE YOUTH COUNCIL: PARAMETERS

The Council would consist of elected adolescent representatives from each unit in King William's Town⁶⁵ and would be limited to adolescents to provide leadership and mastery experiences. The child care worker referred to above involved the youth in setting their own parameters but ensured that the fears of the staff were catered for. Youth agreed not to use the Council for dealing with staff issues or issues related to the discipline of other youth⁶⁶.

The Council would be involved in planning social and recreational activities, shared problem solving about behavioural problems at the Home (but not dealing with individual issues) and for suggesting ways that the Home's needs and the desires of the youth and children could be brought together. The Council would meet once a month and would be facilitated by the child care worker who had been involved and would draw on the occupational therapist in this regard.

14 SUBSTANCE ABUSE POLICY

14.1 MANAGING THE DYNAMICS

This was a particularly contentious aspect of the design process as a great deal had been imposed on the staff by the managers who had the power, but not the personal authority (Kahn 1994: 63), to make decisions. Expensive training bought in from the South African National Council on Alcoholism and Drug Dependency (SANCA) in Gauteng resulted in a policy drawn up non-collaboratively by the residential care manager and subverted immediately by the child care staff who simply ignored it. This and other policy decisions, such as the agreement that the police would be called if a youth was thought to be using dagga, were sabotaged by child care workers who were concerned about the impact of this punitive action on their relationships with the youth. The child care workers were initially not willing to discuss this with the management and initially denied that this is what they were doing even when it became clear to the management that something like this was happening. It was a full six months after the policy decision was taken, before the child care workers and managers used the *umhlangano* to openly discuss their disagreement about the dagga policy.

⁶⁵ The staff at Izeli remained resistant to the process and said they would monitor the situation in King William's Town before giving their support to it. By the end of 1998 the system had still not been extended to that campus.

⁶⁶ This is a tight circumscription of role as in facilities such as Boys Towns the Councils are used to create positive peer cultures in terms of peer discipline.

14.2 A DEVELOPMENTAL SUBSTANCE ABUSE POLICY

The policy that arose from these consultations is presented in Appendix 1 in the Training Manual. It was coupled with urine testing for suspected substance users and providing them with the results to enable them to independently track the falling (or rising) levels of active chemicals in their own bodies so that the behavioural reinforcement could support the intervention strategies of the child care staff (Miller & Cosgrove 1989: 991).

15 INDIVIDUAL DEVELOPMENT PROGRAMMES

15.1 LIFE SPACE ASSESSMENTS

Child care workers and management staff wanted an assessment process that would “fully explore the life space of the child and would generate information that was relevant and useful for the development of programmes for the youth” (notes from meetings). They wanted something that was understandable in their context and that would give them the information they needed in the form they needed it. Because the Participatory Developmental Research Model stresses the need to plan assessment and monitoring at the same time as intervention (Table 14, page101) the development of assessment tools is integral.

Using the assessment formats that had been used previously and referring to literature on the development of children and youth we identified the following areas that were important when considering the life space of a child:

- A Biographical details of child
- B The life space of the child: the child care worker
- C Peer relationships
- D Community
- E Functioning of the child
- F Managing the child
- G Health and social skills
- H Education and cognition
- I Working with the child

At all times we were mindful of the circle of courage (Brendtro et al 1990) as we understood that the concepts of mastery, belonging, generosity and independence were going to be used increasingly in the literature and policy material from government. We decided however to focus on the aspects of the life of the child that were most accessible to observation by the child care worker and that did not require a sophisticated understanding of the circle of courage⁶⁷ moving instead within the realm of what the child care workers viewed as their existing knowledge and skills (Peters & Madle 1991: 305).

The residential care manager,⁶⁸ senior child care workers and I agreed that those aspects of development that were important included physical, mental, social and psychological developments. This is in line with the outline suggested by Potgieter (1993: 14) and is in keeping with most developmental literature. Given that children in care often exhibit emotional or behavioural difficulties the assessment was generated with attention to some of the important background conditions for the development of such difficulties. Again the areas suggested by Potgieter (1993: 32-38) were considered pertinent and include the unmet needs of the child for love and security, new experiences, recognition and responsibility and the role of the family and the peer group.

We wanted to be sure that by using direct observation the child care worker would be able to begin to draw conclusions about how the child was functioning and what his or her needs were. Our intention was to use a set of questions that would focus the attention of the child care worker in each of these areas and would not presume much prior knowledge. Thus instead of questions on general motor skill development we listed the motor skills involved in normal development and asked the child care worker to indicate their presence or absence. For skilled and trained child care workers the meaning of the questions is evident but for those with less confidence or less formal training we hoped to create a tool that would lead the worker through her own

⁶⁷ One child care worker summed it up as follows: "We know what the circle of courage is because we learn about it at UNISA and the BQCC but it is sometimes hard to see it in our children".

⁶⁸ At that stage she was still the programme manager.

observations of the child⁶⁹ and thereby increase the amount of knowledge that was being consciously used in practice (Beker & Eisikovits 1991: 7) by ensuring that supervisors assisted the child care workers in making their knowledge both tacit and explicit.

In this way the life space assessment is designed to also provide for developmental progress of the child care workers. An original version was used by the six child care workers on one child each and the experience discussed. From this it was decided to format the assessment more rigidly and also to provide a Xhosa translation of the tool as a Manual. Summary sheets were added at the end as a way of bringing the data together in preparation for the writing of the programme.

15.2 GOAL ATTAINMENT SCALE

15.2.1 GOAL ATTAINMENT SCALING: THEORY

In addition to the assessment, which was of necessity a detailed and time consuming process, the team recognised the need for a means of tracking progress towards goals which are developmentally strategic for youth. We discussed at the *umhlangano* what these were and the group asked me to find a system of tracking that would work in the context. We wanted a measuring instrument that:

- was going to be able to be made context specific
- would be responsive to all goals of the intervention programme being studied
- would seek to measure growth in the areas of concern over time
- would use language that was readily understood (familiar) by the people required to complete the instrument.

A measure called Goal Attainment Scaling (GAS) was identified as having good potential for the above (Alter & Evens 1990: 38; Bartelt & Colon 1982: 425). GAS is a flexible method of evaluating practice which uses the goal statement of the intervention as the criteria and

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For this reason it was decided to ensure that the tool listed developmental criteria and milestones (and not assume that these were known) and describe desired behaviour. Staff would then be guided through a process of identifying the presence or absence of behaviour before considering strategies for promoting healthy development

framework for the evaluation. It can be used with quantitative or qualitative goals (Alter & Evens 1990: 38). It is an individualised approach to assessment that is capable of producing a quantitative assessment of outcomes measured against a standard or norm that is stated in qualitative or quantitative terms. The greatest advantage of this method is that it is flexible and does not require change to the intervention in order to implement the evaluation. Also in terms of face validity it is usually beyond dispute (Alter & Evens 1990: 75). Prior to 1982 this intervention evaluation tool had been used in a variety of social work settings with more than 200 published and unpublished citations, most of which confirmed its validity and reliability as an instrument if properly designed for the context in which it was used (Bartelt & Colon 1982: 424). However, Alter and Evens (1990: 76) argue that studies done after 1982 suggest that while this is an extremely reliable measure, concurrent validity with standardised tests has been questioned by some authors. Also, with GAS it is difficult to attribute outcomes to the intervention itself and issues such as maturation cannot be accounted for – this is however a difficulty associated with most outcome measures (Alter & Evens 1990: 75).

Without disregarding these concerns, the argument is made for the use of GAS on the grounds of its great adaptability elements. GAS is not dependent on detailed problem statements; instead it requires systematically identified, specified and operational goals expressed in measurable terms. The process of doing this is of great benefit to the intervention designers as it forces them to make explicit what they are hoping to achieve (Alter & Evens 1990: 76). Furthermore, because GAS defines change as “the difference between the degree to which a goal is achieved at intake and the extent to which a goal has been reached at termination”, (Alter & Evens 1990: 76) it is a method of evaluation that is sensitive to change over time and does not require radical achievements to indicate progress. In the social work and welfare fields this recognition of incremental progress is in keeping with a developmental view of intervention.

GAS can be adapted to form part of a multi-purpose design and it is thus useful in many different settings. Bartelt and Colon (1982) used GAS over an extended period in a residential facility for children – it is this match with the current study that makes their work of interest although it is already 15 years old. In working with young people, they argue, the value of GAS evaluation is that it is client specific and thus largely eliminates the need for the generation of normative

standards or criteria. In this sense GAS is part of the evaluation criteria for individual children in a programme (Bartelt & Colon 1982: 425). For the purposes of this study the concept was made context (rather than individual) specific but the other suggested principles and procedures were applied.

“GAS is a scaling technique that extends traditional goal-oriented evaluation. It is a single subject design that measures deterioration or improvement from a targeted baseline defined as the most likely outcome anticipated. Multiple problems and their corresponding baselines can be established for a single subject” (Bartelt & Colon 1982: 426). Baselines are important as they provide information for assessment and they serve as a frame of reference for evaluation. The information for the baselines can be generated from observation and assessment of the clients concerned; from existing data and written records; from retrospection on the part of the clients and those working with them, and on ongoing observation during interventions (Tripodi 1994b: 39-40).

15.2.2 GOAL ATTAINMENT SCALE STRUCTURE

For each goal⁷⁰ on the scale a five point scale is set up with the most likely outcome of the intervention set as the midpoint of the scale and scored as zero. The most favourable outcome – that is an outcome beyond that which is expected but which is still realistically achievable and an outcome that will decrease the at risk status of youth – is scored as positive two (+2) while the least favourable outcome – generally indicating deterioration in the targeted attitude or behaviour and an outcome that increases the extent to which a youth is viewed as being at risk – is scored as negative two (-2). The scale is developed in collaboration with the service providers and the clients and is drawn up in advance of the intervention. The client is then scored on the scale periodically and composite scores are used to track progress. Failure to progress on a set of scales related to a specific behaviour or attitude can be used as a guide for intervention focus (Bartelt & Colon 1982: 427).

⁷⁰

The reader is referred to the GAS in the appendix as it may be easier to follow this section after having looked at the scale.

Bartelt and Colon (1982: 432) argue that content validity is hard to achieve when working with children as it is difficult to establish which problems should be measured and which combination of problems forms an adequate sample of the person's needs to represent their totality. This is addressed by drawing on as many sources as possible in deciding which are the target goals of the intervention. As was done in this study, inter-rater reliability is dealt with by using a core of trained raters for all children (Bartelt & Colon 1982: 432).

In this project I used the Business Plan, the IMC policy documents, developmental literature and the notes from interviews and the *umhlangano* to identify areas of growth that were being sought in the life of each youth involved in the project. Using a strengths-based and developmental perspective these goals were operationalised to express realistic achievements for youth at risk. A draft scale was then given to each team member who was asked to rate three youth using the scale and to then provide feedback on the scale; the concepts it contains and its usefulness. After this round the scale was reworked and given to the social worker, programme manager and two child care workers who were asked to use the scale again for different children. From this trial we were able to clarify constructs and to make sure that the language used was well understood by the child care workers.

15.2.3 THE SCALE AND THE CIRCLE OF COURAGE

As with the Life Space Assessment, the circle of courage (Brendtro et al 1990: 46) informed the process but was not used to structure it as child care workers felt strongly that it was too abstract for them and they preferred behavioural descriptions. The scale is thus a mix of the four "spirits" of Independence, Generosity, Mastery and Belonging. Each behaviour may reflect more than one of these spirits – a child who truants is both showing that he or she does not have a sense of belonging in a school but is also not forging a stable independent spirit. The scale thus works better as a whole but for analytical purposes we used the list provided by Brendtro et al (1990: 47-50) to divide the behavioural descriptions into the four categories using the principle of "which of these spirits does this *most or best* represent" to allocate them to the categories. To increase construct validity this process was repeated by me after ten days and the full scale was then submitted to an educationist with extensive experience working with adolescents and who was familiar with the work of the authors. He broke the scale down independently. Items on

which we disagreed were then debated and consensus reached only when we agreed that many items reflect more than one of the spirits and this is appropriate given the interdependence of the circle of courage. Items on which consensus was reached only after debate are marked with an asterisk. (The breakdown is presented in Table 15).

This scale was devised for adolescents and reflects the developmental tasks and needs of that particular age group (see page 48). It was also devised for youth at risk – for youth who have had their “circle of courage” broken or challenged in one or other significant way. It was thus expected that the “four spirits” would not be equally represented in this behavioural measure. Thus Belonging, which is perhaps the most central “spirit” as without it the others are not able to take root yet it is as dependent on them as they are on it, is represented by nine goals; while Mastery and Independence which are both major tasks of adolescence are represented by ten each. Generosity, that “spirit” which is entirely dependent on the others is represented by only four. This is a reflection perhaps of the damage to the youth who is not connected and experiences very little personal significance. It is also, more positively expressed a reflection – where the scores are positive on the other levels – of an emerging ability to focus on others which will only be possible once the self is healed.

Because of the interdependence of all the spirits of the circle of courage it is a judgement call as to which of the items on the scale best represent each spirit. Effort was however made to ensure that the breakdown, which was used consistently in this study, reflected construct validity through careful shared assessment of each item.

15.2.4 ADMINISTERING THE SCALE

An answer sheet and the full text is provided for the person doing the scaling who is then asked to rely on their current experience of the youth to rate their progress over time. The rater does not retain a copy of the scale so that future ratings are not tainted by a desire to demonstrate progress. If this scale is used in a treatment process, rather than a research process, the rater would retain the scale but it would be recommended that they not refer to it prior to doing the next rating.

While the category descriptions are designed to increase the reliability and objectivity of the scale the measure is essentially subjective and relies on the relationship and knowledge of the person doing the rating. This is appropriate in this context where the goal attainment scale can be used to monitor ongoing progress over time and forms part of the life space intervention with the youth.

To increase the validity of the scale other staff members were also asked to rate the youth at the same time as the child care workers. Their scores demonstrated remarkable consistency with the rating of the child care workers.

15.3 ROLES AND COMPETENCIES

Child care workers would be supported in their implementation of the two assessments and would initially work alongside someone already competent with the Life Space Assessment. The residential care manager and the campus managers and programme co-ordinators would be responsible for ensuring that staff developed the competencies required to use the assessments.

16 KING WILLIAM'S TOWN CHILD AND YOUTH CARE FORUM

16.1 THE FORUM

Based on the failure of an inter-sectoral committee for the management of the IMC pilot project it was possible to define ways in which the organised welfare community could productively be involved in the work of the Home.⁷¹ A new structure was initiated which would serve the interests of all involved and not just the Home by creating a forum for discussion of shared needs and interests that would be inclusive of groups that were working in the field of youth care but were not brought together under any other structure (Kahn 1994: 25). It would thus consist of State departments (welfare, education, justice, police, correctional services), NGOs, individual groups involved, community health educators and churches and political alliances. It would meet regularly to network concretely on work in the field of child and youth care so that communication could be enhanced and service delivery improved by minimising duplications and competition.

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Members of the failed committee were interviewed and their perceptions fed to the management team who then discussed the role and purpose of a community based committee or structure.

Table 15
Spirits of courage within the Goal Attainment Scale

Spirit	Item	Item description
Belonging	3	Relationships with friends
	4	Relationships with other peers
	5	Relationships with child care workers
	6	Relationships with other staff
	14	Awareness of impact of own behaviour on others
	24	Reports from hosts and parents
	27	Absconding (referring to attempts to run away with no apparent intention of coming back)
	29	School report
	32	Leaving property without permission or against rules/ instructions.
Generosity	12	Social perception (empathy)
	21	Assisting others (eg community service)
	23	Environmental sensitivity and reaction to property (relates to actions in the environment)
	26	Sense of responsibility
Mastery	8	Substance Abuse
	9	Reasoning
	13	Problem solving
	16	Perseverance/ability to follow through
	18	Distractibility
	19	Attitude to schooling
	25	Truancy
	28	Brushes with the law
	30	Communication skills
	33	Involvement in skills training
Independence	1	Self esteem
	2	Solving interpersonal problems
	7	Relationship with authority figures such as teachers
	10	Locus of control (is the child controlled by rules or by their own sense of right and wrong).
	11	Fit between emotional reactions and events (appropriateness of emotional reactions)
	15	Leadership
	17	Social adaptation (conforming to social standards and norms)
	20	Sexuality
	22	Awareness of own strengths
	31	Use of spare time

16.2 ROLES AND COMPETENCIES

An administrator and a social worker worked together to invite community members to the forum and to share the ideas with other structures involved in child and youth care. They would chair the meetings.

17 SOCIAL WORK POLICY

The social work policy (in the Training Manual in Appendix 1) was negotiated with the senior child care workers and the social workers themselves and designed to increase accountability and direct service delivery to the children and youth.

18 SKILLS TRAINING

18.1 OBJECTIVES

While many residential care contexts appear to provide some form of craft work for their youth there is no literature available on skills training as an intervention method for youth at risk. The programme includes an element of skills training – life skills and occupational skills. A number of the children were not at age-appropriate points and for many the lag behind the age-appropriate Grade was too large to be made up. Also, experience showed that some children do not wish to attend school and find that the education offered to them is costly or irrelevant for their needs. Poverty is a major contributor – not only to children not attending school at age-appropriate levels but also to the perception that education is irrelevant (Child and Youth Care January 1997: 17). The issue for any organisation making the decision to offer occupational skills training is whether or not this skills training should be allowed to replace efforts to keep the child in mainstream education.

It has been argued that childhood employment perpetuates the cycle of poverty by trapping youth into dead end and low paying jobs (Child and Youth Care January 1997: 17). In 1995 it was reported that 3,5 million school-age children in South Africa do not attend school for reasons ranging from failure of the formal education system to meet their needs at a learning level to poverty to parental lack of commitment (Pease 1995: 17-18). Along with other developing countries South Africa has created a pool of poorly educated people who are trapped into lives of poverty. While increased national spending on primary education will address this to some

extent in the future the current needs of out-of-school youth cannot be ignored. For many of these youth the structure of formal education results in repeated failure experiences because the formal education system is unable to move at the pace of these learners, does not recognise the culture and non-conventional knowledge of these youth and does not recognise the multiple realities of our youth which include the fact that many will be required to work at a young age simply to survive (Pease 1995: 18-20).

Legislation used to insist that youth in care attend formal schooling in order to qualify for the subsidy paid to the Home for caring for them. This provision seems to have lapsed at least in the Eastern Cape as long as the Home is able to illustrate that the youth are being trained and provided with something that will enable them to function independently and constructively (Pitt 1998). While there is no doubt about the need for at least literacy and numeracy training there appears to be an increasing recognition that vocational skills training plays a vital part in the care and intervention programme with youth.

In this frame of reference Rotary and Sun International⁷² agreed to make money available to facilitate skills training, donated 10 shipping containers and the means to convert them into skills training facilities and provided for the salaries of some skills trainers. Youth who were not at school would be provided with at least some form of vocational training that would increase their ability to care for themselves materially after discharge.

18.2 ROLES AND COMPETENCIES

The occupational therapist (who was tasked with leading this process) and the managers agreed with the IMC recommendation that it would be in the best interests of the youth if the training they received at the Home could be accredited within the National Qualifications Framework (NQF). The occupational therapist would seek ways of making this possible. Skills trainers brought in full and part time from the community would need child care skills so that they could work with troubled youth who would need a different approach from other youth. These trainers would have to be able to manage the behaviour of the youth within the parameters of the attitude to youth in the whole Home.

⁷²

Rotary is a service organisation. Sun International is an international hotel group.

19 **FROM DESIGN TO IMPLEMENTATION**

Rotaman and Thomas (1994: 11) suggest that initial steps towards proceduralisation are essential at this stage while Nel and Nel (1992: 15) make a similar point when saying that resources must be put in place to make the process possible. The role allocations referred to above were the first step in establishing procedures. Implementation should follow and should be monitored and evaluated.

20 **PLANNING THE RESEARCH**

20.1 **BALANCING DEMANDS OF IMC PILOT PROJECT**

Data gathering to monitor the implementation of the practice model would be done in line with the research process for the IMC pilot project as much as possible and would include:

- daily logs of child care workers
- daily logs of wilderness instructors
- social work and other official records
- interviews with youth and staff
- notes from and recordings of meetings and discussion groups.

More importantly, to ensure that the collaborative process was protected, all of these measures would be balanced against the self reports of the users (at times the youth or staff) and those responsible for implementing them (the staff of the Home; the research assistants or the wilderness instructors) so that more than one perspective on each event could be obtained (Heron 1996: 84).

20.2 **DATA GATHERING**

Observational data is considered one of the most important means of gathering data in intervention research. Other data can be gleaned from service records especially where the evaluator has been able to design the format in which records are kept. An underlying principle should be of simplicity, and experience suggests that check list formats yield more success than narrative forms but the choice would ultimately depend on the nature of the data required (Rossi & Freeman 1993: 201). The third category of data includes information collected by the service providers themselves – their own notes or diaries or personal logs. Interviews would be used

here as would questionnaires. Similar information can be gleaned from service users (Rossi & Freeman 1993: 207-208).

20.3 VALIDITY AND RELIABILITY

Heron (1996: 13) argues that validity as a concept has been hijacked by objectivist rationalisation of the pursuit of power in social science research and he gives this as a reason why many researchers, such as Rothman and Thomas (1994) who reject the natural science paradigm, tend to ignore validity altogether. Within a natural science paradigm studies over time are very susceptible to questions of validity and reliability as there are a “number of extraneous variables which are not controlled” by the researcher (Powers, Meenaghan & Toomey 1985: 204) which affect the internal validity of the study (natural changes that occur as a result of time passing/history; maturation of the subjects; effects of testing – including that pre-testing alerts the people to the intentions of the research; instrumentation and general statistical regression towards a mean score) and the external validity (because of the strong possibility of interaction between the testing and intervention processes). This very way of addressing the issue of validity implies the political process referred to by Heron (1996: 13) which assumes that the only real validity is that which takes the concept of validity only to the point of positivist justification of “truth” rather than to an acceptance of the “generative, creative role of the human mind in all forms of knowing”.

It is thus not problematic that it is “impossible to control for these variables in most natural settings and attempts to do so could result in extremely contrived settings” (Powers, Meenaghan & Toomey 1985: 213). Acceptance is needed of the real preconditions for intelligent inquiry in any domain – not only one which is controlled by positivist structures (Heron 1996: 13). Heron’s (1996: 158) process of validation is discussed in the evaluation chapter (see page 191).

In the design of scales, such as the Goal Attainment Scale (GAS), the concept of construct validity – the validity measure associated with examining how well the measuring instrument measures the underlying construct (concept) (Johnston & Pennypacker 1993: 364) – is relevant only in terms of the extent to which the constructs being used are shared (Huysamen 1994: 112) – so that the instrument is a truly powerful one having a shared meaning in its particular context.

Reliability is an equally contentious issue as the classic definition of it as “the extent to which a measurement procedure yields the same value when brought into repeated contact with the same state of nature” (Johnston & Pennypacker 1993: 368) implies that the “same state of nature” can ever be found to exist and that when found can be precisely measured. This ignores again the generative power of human involvement in inquiry (Heron 1996: 13) but has some value in attempting to ensure that the subjectivist position of each participant in the enquiry is given its full recognition but not in a way that ignores the demands of validation and intelligent inquiry (Heron 1996: 21). Thus different raters using the GAS for the same youth should yield similar results (indicating the reliability of the measure) but these are not expected to be identical (recognising the legitimate differences in the lived reality in relationship to that youth of each rater).

Chapter 5

Development

1 INTRODUCTION

In this participatory model the Development stage will follow the process normally used in action research because this process is designed to solve the immediate day-to-day problems of practitioners (McKernan 1991: 3). What this means is that the designed intervention is implemented; its implementation monitored; data gathered and evaluated and decisions made about adjustments to the intervention which is then implemented in its refined form. In this way the process continues until the team is satisfied that the intervention works or at least assists in the attainment of the goals it was seeking. Working like this allows the team to set different paces for different aspects of the process and to fast track or delay implementation depending on the particular dynamics at play at a given time.

What is imperative is that the decision about the pace of implementation must be taken in the group so that individual fears or anxieties are not allowed to derail the process. The group decides how decisions are going to be made (unanimity, majority, consensus or concessions to experts) and under what conditions the chosen model will apply (Heron 1996: 68) and the researcher is responsible for promoting adherence to this.

This collaborative process of cycles of change and implementation is different from the more structured models of Rothman and Thomas (1994) and Nel and Nel (1992) who take different approaches to the implementation and testing of the designed innovation. Rothman and Thomas (1994: 214, 265) have a two tiered approach in which the “pilot” testing is separated from what is termed “advanced” development. Nel and Nel (1992: 15) suggest more of the cyclical approach preferred in action research. However, both refer to a pilot study which generates data which is assessed – an understanding of a pilot process based on survey research (Epstein 1985: 304) where access is gained to a small sample of the later intended population. Pilot tests as suggested in the intervention research model (Fawcett et al 1994: 36) are said to be implemented in settings which are “convenient” to the researcher and may, when access is difficult, simply involve using analogous situations to test if the “beast will fly”.

These are not participatory methods and they place the researcher in a position in which collaboration with the team is not seen as essential. Instead the image is one of testing a product to measure its outcomes: an experimental kind of process.

To place this within the context of the model used in this thesis this chapter refers to the completion of the tasks set out in the table below.

Table 16
Development: Participatory Developmental Research

Stage	Processes and tasks
Development	Implement design Monitor implementation Assess implementation using data from context Refine and implement (initiate a cycle of refining in this manner)

Thus development in terms of the participatory model presented in this thesis does attempt to meet the tasks of Nel and Nel's (1992: 15) "Development" and of Rothman and Thomas' (1994:11) "Early development and pilot testing" but to do this in a way that is respectful of the collaborative relationships developed (see Table 17).

To do this rationally, the work of McKernan (1991: 23) is useful as he describes Elliott's 1981 model of action research as one in which the action steps of a plan (based on analysis of a problem and design of an intervention to address the problem) are implemented in the order that makes best sense for the site. Each step of the implementation is monitored and recorded and its effects assessed. The assessment seeks to find reasons for the effects (positive or negative) and to understand why the implementation was or was not carried out as per the design. This is followed by a revision of the plan (Design) and then by further implementation. Action is thus

immediately taken to overcome restraints and each part of an intervention can be evaluated alongside an assessment of the whole (McKernan 1991: 24).

For all dimensions of the intervention (as circumscribed in the Design) the following questions will form the basis of this assessment:

Is the intervention effective ?

Is this replicable ?

Is this simple to use ?

Is it practical ?

Is it adaptable to other contexts ?

Is it compatible with the values and customs of the target population ?

(Fawcett et al 1994: 36- 37).

Recording the process, the data and the decisions is essential to any later justification of this as an intelligent process (Heron 1996). Developmental writers such as Rossi and Freeman (1993: 163) argue for the collection of “good data (that) is collected as objectively as possible” while this thesis argues for the collection of “good data” that will enable an organisation to meet its objective of improving its service in such a way that the innovation is replicable, sustainable and open to dissemination (Corrigan, MacKain & Liberman 1994: 317) in other related contexts. The process of being internally driven extends beyond involvement in setting the research question or identifying the problem within the site. It extends beyond “participation” of the organisational team in the research process which leaves the researcher responsible for assessing the extent to which a programme is reaching the identified and appropriate target population (Rossi & Freeman 1993: 163). Instead the internal power is one of “ownership (which) exists in its ideal state when an individual or group is empowered to give expression to their own sense of knowing about a situation” (Cosier & Glennie 1994: 98).

Thus in the development stage of the research process it is necessary to ensure that the participants are able to retain real and meaningful ownership of the data generated and the conclusions drawn. The cost may well be less “clean and scientific” data but it is a price worth paying for truly participatory research.

Table 17*Tasks of the Development stages: three models*

Rothman and Thomas (1994:11)	Nel and Nel (1992:15)		Participatory Developmental Research
Activities	Methodology	Requirements	Tasks
Develop plan for trial use in a pilot test	Formulate development plan which includes:	Set a development plan	
	1 Determining the limits/domain of the development		
Determine the developmental research medium or procedure	2 Determining type and scope of evaluation needed in this phase		
Determine developmental and monitoring instruments	3 Determining if research will happen concurrently		
	4 Determining site for pilot test		
Create a limited operational model for the intervention for trial use in a pilot test site which includes identifying and addressing design problems, revising intervention as necessary and planning a field test and selecting a site	Operational preparation which includes preparing and supervising staff; managing the project and testing the innovation	Operational preparation	Implement design Monitor implementation
Expand the trial field test as informed by the pilot	Evaluate and adapt	Analyse data and determine effectiveness	Assess implementation using data from context
Implement field test and revise intervention as necessary			Refine and implement (initiate a cycle of refining in this manner)

In agreement with Thomas (1994: 268) this Development phase is complete at the point at which the “results” from the earlier phases have been sufficiently positive to “justify more systematic

appraisal of intervention outcomes” in terms of extending the availability of the intervention to other sites.

2 **OVERVIEW OF THE PROCESS**

The team agreed to begin immediately (December 1996 /January 1997) with the implementation of the youth policy and the use of the Goal Attainment Scales and the Life Space Assessment. The Youth Council was also launched but the personal experiences of threat of the child care workers in this regard remained. This was complicated by the stress associated with uncertainty (Archer and Whitaker 1994: 179) about the future of the Home when the Bisho government failed to pay subsidies to private welfare organisations in late 1997 resulting in increased resistance to any further perceived loss of power (Kahn 1994: 101) as represented by increased power for the youth. The child care workers thus remained resistant to the Youth Council and while each unit in King William’s Town⁷³ put forward one representative for the Council the child care workers did not become further involved, or support youth involvement, after the election of the representative.

Each element of the designed programme is presented in this chapter as an overview of the intervention, a presentation and analysis of the data collected relating to that aspect and a tentative set of conclusions based on these.

3 **WILDERNESS EXPERIENCES IN RESIDENTIAL CARE**

3.1 **BRIEF OVERVIEW OF PROCESS**

Using the IMC pilot project funding, two groups of youth (mixed gender)⁷⁴ were sent to 14-day experiences at Outward Bound similar to the experiences that preceded the Design stage. This time the 14-day experience consisted of eight days of wilderness experiences and six days in which the groups worked at a community site to offer some form of service. Three months later

⁷³ As stated earlier the child care workers on the Izeli campus were not willing to extend the Council to that campus.

⁷⁴ Nineteen youth (10 girls and 9 boys) in the first group and 15 youth (5 girls and 10 boys) in the second group spent six days in the field with Outward Bound and eight days doing community service at three sites – SPCA in Stutterheim, Siyavuka Street Shelter and the Izeli campus of the Children’s Home. All of these youth had done a course about six months earlier.

another group was sent and this was followed six months later by another course for some of these boys.⁷⁵ Educo was formally contracted and a trained wilderness instructor appointed to the Home team who took youth on short, purpose designed courses to a dedicated campsite.⁷⁶ Child care staff were involved in all of these. Physical facilities such as a climbing wall were built on site for experiential activities.

3.2 RESEARCHING WILDERNESS EXPERIENCES

Youth were interviewed before and after each experience and three months later if they agreed to be interviewed. Interviews were conducted in the home language of the youth by the trained research assistants. The group who attended their second course in December 1996/January 1997 are known as the first intake and it was interviews with them that informed the thinking in the design stage. Seven of these 13 youth who had been discharged from care after the wilderness experience in December 1996 were interviewed – two refused to be interviewed; two were placed out of the region and could not be traced and two were dropped from the study group as they did not complete the first course.⁷⁷ Twenty-two youth still in care were interviewed (12 boys and 10 girls)⁷⁸ – four did not present for interviews because they were never on the campus when the research assistants were and two verbally refused to be interviewed. The second intake (those who attended courses in March and December 1997) was made up of the nine residential care youth and 12 youth from the community. The nine residential care youth were interviewed before the March course but only the girls (n = 2) agreed to formal interviews after this course. Logs kept by the wilderness instructors were analysed as were the reports they had written. Staff meetings at which the project was discussed were attended and notes taken -- two meetings were tape recorded to check the validity of notes.

⁷⁵ Nine residential care youth (7 boys and 2 girls) and 12 community youth attended a course at Outward Bound. Six months later 5 of the residential care boys and 3 community youth returned for a second course. The latter included some community service.

⁷⁶ One of these was a trust and relationship mending course for a group of pre-adolescent boys involved in sexual assault.

⁷⁷ One youth did not cope as she is emotionally and mentally disabled and was unable to cope with the stress. The second left care the day after the second course and has refused to be contacted by any person connected with the Home.

⁷⁸ Nineteen of these were living at the Home while three were in a boarding school.

3.3 DATA ANALYSIS

3.3.1 **INTERVIEWS WITH YOUTH**

3.3.1.1 Content of interviews

Interviews with youth who were discharged from care shortly after the wilderness experiences suggested that their second Outward Bound experience was better than the first because they had been given the opportunity to get involved in the community service and had been allowed to set their own pace ($n = 6$) which is consistent with Ewart and Heywood's (1991: 598) findings. They had missed the "exciting" activities such as abseiling but found the shorter time spent in the wilderness to be a worthwhile trade-off ($n = 4$). They were once again surprised at what they managed to achieve ($n = 4$) especially in the areas of self control ($n = 2$) which is consistent with the findings of Mixdorf and Paugh (1989: 38) who found self-pride to be one of the lasting impressions youth had of Outward Bound.

Of the youth still in care, one (a girl) said that the physical nature of the course had made her anxious and angry and that she had refused to continue but had returned for the community service which was more interesting and that she had "learnt a great deal from that about helping other people and just doing things for the sake of how others felt".

The boys had found the experience enjoyable ($n = 6$) although four indicated that there were areas in the experience – such as sleeping outside for the first time – that they had not enjoyed (Ewart & Heywood 1991: 595-596; van Welzenis 1996: 5). They noted that they had learnt more about teamwork ($n = 3$); helping each other ($n = 3$); the environment ($n = 3$) and their own abilities ($n = 4$). They were divided on whether they would like to go back. Ten of the boys felt that community service had been the best part of the experience with nine expressing a willingness to get involved in this sort of work again (Marsh, Richards & Barnes 1986: 480-490; Marsh & Richards 1989: 121-134).

The girls did not enjoy the second experience ($n = 6$) with four stating that none of the involvement with Outward Bound had lived up to their expectations. Seven were extremely positive about the community service seeing it as the best part of the experience with five stating they would like to do it again with two feeling it was a once in a life time

thing they had enjoyed but would not want to repeat (cf Brendtro et al 1990: 44 – a damaged spirit of Generosity).

These findings are consistent with the literature that suggests that youth need to be allowed to make their own decisions (set their own pace) and that opportunities for Mastery and for developing a sense of achievement are important in any intervention programme but in a wilderness experience particularly (Ewart and Heywood 1991: 598; Marsh, Richards & Barnes 1986: 480-490; Marsh & Richards 1989: 121-134; Mixdorf & Paugh 1989: 38). They also support the literature that suggests that at times wilderness experiences which are too different from day-to-day life are experienced as very stressful (van Welzenis 1996: 5) especially for troubled youth. The community service aspect appears to have connected with the spirit of Generosity (Brendtro et al 1990) in many of the youth and their appreciation of this experience is important.

Given the predominantly negative feelings of the girls we tried to follow up with the youth about three months later. Only four youth (2 boys and 2 girls) agreed to be interviewed.

Those who refused to be interviewed all cited the same reasons – they did not feel like talking about Outward Bound now as they had forgotten about it.⁷⁹ Two girls were interviewed in depth and shared how they had exciting memories of Outward Bound and told many happy stories – only “solo” seems to have been a problem for them. Outward Bound taught them independence, the desire to help other people and not to laugh at others (Ewart & Heywood 1991: 595-596; Mixdorf & Paugh 1989: 39). The relationships between the youth while at Outward Bound were damaged by the laziness of the white children who would not dig holes or cook food. In the opinion of these two youth this is still true in the units where “the white children separate themselves from us. You will not find all of us sitting together and chatting – that is rare”. One girl thought that the Outward Bound staff had treated all the children well while the other felt that the

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This should not be seen as a blanket negative reaction. Many of these youth were now living in other units and the boys especially had developed a strong peer clique where the resistance of one on any issue spread to all the others almost immediately. We did not try to persuade the youth if they refused.

staff were racist and treated the white youth better. One says that she was refused a bandage for bleeding fingers by a white man while a white girl had ointment rubbed on her feet for her.

The two boys interviewed said that they did not want to return and that they had disliked the way they were forced to do things. Again the youth felt that the white boys had been given unfair preferential treatment. These two boys had not been part of the group interviewed earlier who were positive so this does not represent a change in their perceptions. The girls however appear to have become more positive.

After the March course only five of the community youth agreed to individual interviews and another four agreed to be interviewed as a group. They reported that they had enjoyed aspects of the course but that in general it had been too long and too difficult and had at times been frightening. The youth were reluctant to go into any detail about this – stating only that only five of them had completed the whole course – the ones who had left and not returned said this was due to the pressure of a “chommie”⁸⁰ while the ones who had returned said they had decided not to “listen to the chommie” and were glad they had gone back. The five boys interviewed said that they had had very positive relationships with the staff at Outward Bound and had felt that the experience had enabled them to see their futures differently ($n = 2$); and that one or other positive change had taken place in their lives ($n = 3$) such as an increased awareness of what they could achieve and a sense of knowing what they wanted to do to make money. These findings mirror the conflict between Smith’s (1987: 12) suggestion that learning is advanced in unfamiliar surroundings (although he does stress the importance of enjoyment) with the concerns expressed by Muntingh (1996) that for youth from troubled communities the differences may simply be overwhelming.

In the group interview the boys stated that Outward Bound was an exciting outing and that it has not changed the way they view themselves or their behaviour. An interesting perception of four of the boys was that they had been forced to leave Outward Bound

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“Chommie” is a colloquial expression for “friend”

when one of their friends became homesick. They expressed relief at having been allowed to return to the course a few days later.

Only the two girls agreed to be interviewed after the March course. From their interviews, which reflected the same concerns expressed above, it was also reported that one of the instructors had hit a black youth for hitting another youth. The girls felt that the boys would not talk about the course for that reason. When the research assistants (who had some kind of relationship with these youth) fed this back to the youth, the following perceptions were noted although none of the boys agreed to elaborate beyond this:

An incident in which a trainee instructor had hit a youth who had hit another youth was experienced by the youth as unfair and indicating that the instructor and other staff did not like them. They were thus not willing to comment any further on the experience.

3.3.1.2 Conclusions drawn from interviews

Consistent with the literature, girls experience Outward Bound (as a form of wilderness activity involving extended periods of physical challenge) differently from boys and their experience is generally more negative (Mwamwenda 1995: 63, 408). Fourteen days in the wilderness is too long for most of the youth with many struggling, and those not from residential care (thus less dependent on the authority figures) withdrawing when the pressure was experienced as excessive. Incorporating community service has the advantage of touching the spirit of Generosity but also shortens the demands of the wilderness experience. Alien experiences such as solo (sleeping alone in the bush) are frightening for many youth and appear to have had no meaningful impact. Concerns of racism seem to be connected to perceptions of unequal treatment which may be associated with instructors not being able to speak the home language of youth.

3.3.2 **OBSERVATIONS OF OUTWARD BOUND: RESEARCH ASSISTANTS**

Recognising that there would be value in a participatory process in the Outward Bound experience, two of the research assistants joined a group for a four day period in the middle of a course. The purpose of their presence was to allow them to observe firsthand some of the

processes used by Outward Bound. They kept personal logs which were discussed with me immediately after the experience. The disadvantages of this approach were that by not being present for the whole course the research assistants would have missed the development of the dynamics but as they had conducted the interviews already reported on they were aware of the dynamics they should be observing.⁸¹

Observations they made which are pertinent to this report include:

The Xhosa-speaking youth take advantage of the fact that the instructors do not understand what they are saying and use vulgar language in a taunting way to test how much the instructors understand. On realising that none of what they are saying is understood, Xhosa is used to manipulate and bully other children. The assistants are adamant that language is a major issue as it gives power to some of the youth who are not able to use it constructively. Referring to this abuse of language one of the assistants reports that:

None of the girls seems to speak English except P⁸² who does not volunteer anything and follows all instructions ... the boys take advantage of this and whenever something needs to be done they tell the girls that J and C (instructors) said they (the girls) must do it.

There are a number of recorded incidents where the inability to understand Xhosa resulted in youth being able to act aggressively towards each other without the knowledge of the instructors:

They were calling each other names and swore at each other. They also threatened each other with hitting. Both the boys and the girls picked on people they know they can better in a fight ... N told one boy to "shut up because you know you are nothing to me and I can get you on your way to school". The boy shut his mouth. The instructors did not say anything ... I guess it is because of the language barrier ... I got the impression they thought the kids were having good natured conversations with each other.

⁸¹ In response to my inclusion of their comments in an interim evaluation report in May 1997 the Outward Bound management pointed out that these research assistants are not trained facilitators of the OB process and that their interpretation of the things they observed is clouded by their perspective and lack of familiarity with the OB process. I accept that this will affect the perceptions they have but remain confident that they are competent to comment on those aspects of the process they did observe. Part of the purpose of sending two assistants who did not discuss their perceptions with each other before the debriefing session with the researcher was to ensure, as far as possible, a balanced perspective.

⁸² To minimise the intrusiveness and violation of privacy that may have resulted from sending the research assistants to Outward Bound they were asked to use pseudonyms for the youth they observed - these letters were chosen by them and are not identical to the pseudonyms I used. In this way we felt we protected the privacy of the youth at least a little, although my knowledge of the youth meant that I was often able to work out who was being referred to.

Another incident that concerned the assistants is described as follows;

N2 proudly told us (the assistants) that she had had a fight with B ... she told us that she saw that the instructors were not watching (the 2 girls had gone to the “toilet” together) so she took advantage of that and punched her repeatedly before she was stopped by another child... she did it to remind B that she does not like to be argued with.

The assistants confirm that B appeared bruised and depressed the following day and that for the remainder of the period B studiously avoided conflict with N2. This latter example refers both to the language issue and to the extent to which it separates the youth from the instructors. The instructors pointed out to the assistants that some conflict is necessary and that they do not intervene and do not allow it to reach dangerous levels. While the assistants agree that this is often the case this incident described here raised the question as to how the instructors could be certain that the “dangerous level” had not yet been reached if they did not have complete access to the processes. Reference is also made to comments on the AY105⁸³ official course report that indicated that language was sometimes a divisive issue.

Given that Smith (1987: 213) argues that the real impact of the wilderness experience comes from the sharing of learnt experiences and the transfer to everyday life, the inability of instructors to speak the language of youth is significant in the limits it places of this debriefing process. Pinnock (1996: 4) speaks of the frustration youth experience when they feel misunderstood – given that this is true even when the same language is spoken it can be assumed that this lack of language sharing would increase the frustration of the youth.

The instructors are very skilled in allowing the group to experience the consequences of their decisions – such as failure to get moving in the morning results in late arrival at the evening’s campsite. By occasionally distancing themselves physically from the group while it is engaged in a task they create situations in which the youth are unable to rely on them and have to help each other. The research assistants cite numerous examples where the instructors are able to move at the learning pace of the youth and where the benefits are obvious. An example is cited by both assistants of a day during which, mostly through a process of non-interference and

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AY105 is part of the numbering series used by Outward Bound for their records of courses with youth referred to by them as “Adjudicated Youth”.

creating opportunities for mutual aid, the instructors managed to deal with group members not taking responsibility and with splits between the girls and the boys.

Wozner (1991) stresses the importance of staff mastery of the skills they are required to impart and it appears that this holds equally true in the wilderness context.

The racial tensions between the youth themselves are not always noticed (or perhaps noticed but not commented on) by the instructors. For example, the boys on this course felt that a white child who had been injured was being fussed over just because she is white. At a later stage this child was again the victim of a great deal of resentment – the assistants expressed concern that the instructors were not aware of this and that the youth herself did not fully understand the animosity that was developing towards her. One of the OB student instructors (who speaks Xhosa) who spent time with this group later quickly picked up on this animosity and on the way that the racial tension was being expressed.

The group identity or clannishness of adolescence is well documented (Erikson 1977: 236) and would be reinforced even more in a country where racial lines have been used for systematically differentiating between people. Youth respond to the lines of distinction that they see others draw and even in our new society this will still possibly be too easily along racial lines.

The youth were able to internalise some of the lessons but the assistants questioned the extent to which transfer of learning would occur. Indications that transfer would be limited are supported by the following example: during a physical fight between two boys one other boy is reported as saying: “This is not the place to fight – wait till we get back to King William’s Town”. The group agreed. Erikson (1977: 236) and Piaget (1947: 148) have argued that adolescents are only “normally” beginning to cope with the abstractions required for adult reasoning. If we assume that youth at risk will find this abstraction even more difficult it is possible to explain why transference is particularly difficult for this group.

The indications that the gains were limited and that transfer of learning would be minimal was balanced with an increasing sense, over the short period the research assistants were with the

group, that there was something important to be gained from the process. One assistant reported that:

“this is very good for the kids. I think they benefit although it may not show now ... I think it will show up in some way or another ... they are feeling proud of themselves when they look back and see what they have done and achieved. They are now able to do things without being told ... it is very amazing because on each and every day I see some change. I also understand that they are still immature ... sometimes they do not seem to understand the whole purpose of OB but that does not mean they are not gaining anything from the experience.

The other assistant differs from this opinion and says that:

they do not seem to understand what is expected of them and they do not take it seriously ... they just cannot reconcile what they do here with their everyday lives ... could be their immaturity.

Even this assistant was able – after three days – to reassess her position and to acknowledge that on the face of it the students had improved in their interactions and willingness to work together. Her sense though is that this is not a course that “black people would consider to be fun ... they do these things because they have to (and are used to being told what to do).” She does acknowledge that although this may be true (that OB is not culturally appropriate in her opinion) the youth gain from the experience even if the gain is focussed on a sense of achievement. In the opinion of both research assistants (Xhosa-speaking women) the challenges, especially at the physical level, and the risk taking are not appropriate for young black women and some of the activities designed to promote leadership ignore the social sanctions against boys (uncircumcised) giving instructions to men (circumcised youth). The greatest cultural dissonance for them however was experienced with the solo – both felt that it is culturally inappropriate for youth to be asked to spend the night alone in the bush.

3.3.3 LOGS AND OUTWARD BOUND REPORTS

The Outward Bound course reports (AY108; AY109:AY113) indicated that the aims of the course were to promote decision-making; ability to work as a team and self-reliance and compassion. Using the conclusions of these reports and the comments that appeared more than once in the text of any of these reports the following are pertinent:

- Adequate equipment such as shoes is important to the way youth experience the course and is the responsibility of the Home.

- Dangerous weapons are brought to Outward Bound sometimes for the purpose of fighting and sometimes to “protect oneself against wild animals” (cf van Welzenis 1996:5).
- Community service is dependent on adequate communication between the Home and the service sites so that expectations and arrangements are clear and uncomplicated.
- Group dynamics are best protected when youth all begin and finish at the same time so late introduction of students or the re-introduction of students who have chosen to leave the course should be avoided.
- Having the course during school holidays resulted in serious motivational problems.
- The no-smoking policy was impossible to enforce and a way of controlling smoking safely was needed.
- Transference and the ability to think abstractly remain low for all groups from the Home and this is related to immaturity although an improvement was seen in most of the youth who returned a second time (cf Erikson 1977; Jensen 1985: 209; Piaget 1947).

The instructors' journals provide some insight into the challenges faced. According to the instructors the youth did not appear to understand why they were on the course and were not willing to become immersed in the process. Other comments included:⁸⁴

- The forced participation created motivational problems that were almost insurmountable.
- The instructors felt that mixing genders in the groups worked well only if the girls are not in the minority as they are too easily victimised.
- The groups from the Home were found to be very demanding because of their immaturity and the attention they require.
- As the youth have short attention spans and a limited ability to delay gratification the instructors suggest that a varied programme with many short activities is more suitable than a long hike – this would increase the opportunities to master small things more often (cf Brendtro et al 1990).

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The comments included here were made by more than one instructor and most were made more than once by more than two instructors. Idiosyncratic or one-off comments were not included.

- Language problems and the inability to transfer the meaning of experiences to their everyday lives impacts on the value of debriefing.
- Most of the youth will not take personal responsibility and tend to want to place blame externally (Winnicott 1965: 84).
- Peer dynamics are powerful enough to derail the process, especially when the instructors are not sure of what is being said although tone is often evident (Erikson 1977: 252).
- Instructors feel that the experience has very limited value as a one-off intervention if it is not consciously integrated into the lives and treatment programmes of the youth.

The Outward Bound staff indicated that the younger youth (in their perception) coped less well than the older ones. An analysis of their reports of the youth however supports the position held in the literature that maturity and chronological age are not synonymous (Biehler & Snowman 1993: 123; Jensen 1985: 209). In the first group of boys the average age of those who did not cope ($n = 4$) was one month older (15 years and 8 months) than the group ($n = 16$) who did cope (15 years and 7 months). In the second group of boys it was the youngest boy who did not cope and he was 9 months younger than the average age of the other boys ($n = 6$, 16 years and five months). The six girls who coped best were a full year older on average (16 years and five months) than those who did not. The youth from the community were on average 17 years and two months old but they coped least well.

Notwithstanding the problems associated with such a small sample it is suggested that chronological age is not a determining factor but that in line with the policy of Outward Bound (that was waived for this project) youth, especially girls, who are 16 or over tend to cope better with the demands of a wilderness experience over 14 days. In a study of 33 boys from Boys Towns, completing similar wilderness experiences over the same time period, it was found that these youth (who were on average one year older than the King William's Town boys) coped better than did the King William's Town youth. However, boys at Boys Towns are also at a more age-appropriate schooling level and Boys Towns only accept boys with a "normal" IQ⁸⁵

⁸⁵ There is no such restriction at the King William's Town Children's Home and many of the youth have IQ scores of less than 100.

(Coughlan and Coughlan 1998). These latter may be more important determinants of coping than chronological age.

Educational level on its own, is no more revealing as a predictor of coping for the King William's Town youth: those in special education coping as often as those in mainstream schools, except where a youth in special education is also younger than his peers in the group. While there may be many other ways to explain it, the community youth coped less well with the demands and this is explained by the instructors, and the staff of the Home, as indicative that the Children's Home youth are more used to having decisions made for them and more likely to assume that something is good for them (or has to be endured) because they have been told that this is so. While sometimes a sign of institutionalisation, staff also see this as an increased ability to see things through.

3.3.4 STAFF INTERVIEWS

In interviews and meetings the staff team had reached the conclusion that while Outward Bound appeared an extremely valuable experience for some youth, it seemed to do very little for others. At a cost in excess of R1 200 per youth per 14 day course, provision of even one Outward Bound experience for a youth in residential care was prohibitive, unless the costs of the course were funded by a donor. In this case, without IMC funding, Outward Bound experiences could not be justified for any but a few youth who appeared to be sufficiently mature, competent, able to reason abstractly and appeared to be likely to benefit from a final challenging experience before being discharged. The staff felt that even if positive gains are made at Outward Bound they will not be sustained if the work of the Home is not designed to do this and staff indicate that they do not have the skills and that the process of being left out of the experiences at Outward Bound make it difficult to pick up again with the youth⁸⁶ after the course. This is in line with what Brendtro et al (1990) and Berliner and Benard (1996) have argued: youth need an environment that is integrated and that builds one experience directly on the next to ensure the reclaiming of the capacity of youth to cope (their resilience or circle of courage). It makes sense to have

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Outward Bound prefer not to have child care workers present during courses as they believe this leads to the youth splitting the instructors and the staff for their own purposes.

continuity between the wilderness experience and the ongoing intervention in the Home from this perspective.

The child care workers felt that Outward Bound had increased the self-confidence of youth as a result of being aware that they can do things they had never imagined possible; had improved their ability to channel excess energy; had improved relationships between the children through more integration of the races on a day-to-day living basis and an increased interest in skills training.

Staff felt that as the IMC pilot neared completion and the emphasis of work at the Home moved away from these adolescents to the Life Centre, the youth in the pilot project group did not show such dramatic progress. The child care workers argue that while the dedicated units (where the adolescents who were involved in the IMC project lived together) created developmental problems they also ensured that the youth received a great deal of dedicated attention. This de-emphasising of the group was reflected in the decision by Outward Bound to use instructors who did not have child care training (as had been provided for some instructors at the beginning of the pilot project for the IMC) for later courses and as would be predicted by Wozner (1991) this lack of mastery of understanding the needs of troubled youth is reflected in the difficulties experienced on the later courses.

The child care staff reported that the children felt that Outward Bound staff on the later courses did not seem to have a very positive approach to them and were easily irritated by them. In addition, no relationship had been built between the instructors and the youth prior to the course (as had happened for the first two courses). There was also inadequate supervision of the youth during mixed-gender courses, with boys bullying girls into sleeping in the same tents. Considered together, these factors led staff to the conclusion that where a wilderness organisation cannot provide trained child care workers as instructors it is irresponsible for the child care organisation to allow youth in care to attend courses without a child care worker from the residential care context being present. Furthermore, residential care youth and community youth should not attend the same Outward Bound course unless they are involved in something else together (such as skills training) which will build relationships, as the needs of the groups are so disparate and victimisation very evident when one or other group – usually residential – is in the minority. All this is in line with Pinnock (1996: 4); Biehler and Snowman (1993: 123) and Erikson (1977: 235)

who argue the importance of providing experiences for youth that will protect their interests and show real understanding of their individual and collective needs. However, the study done by Coughlan and Coughlan (1998) of Boys Towns' youth undergoing a similar process found that these youth coped well without the presence of child care staff and that although the youth in these courses did not know each other before the course, there was very little victimisation along group lines. It was concluded in this study that the issue of importance was that Boys Towns' youth were selected for participation in that programme – all showed similar strengths or had similar needs and participation was voluntary.

3.4 ALTERNATIVE APPROACHES TO WILDERNESS EXPERIENCES

3.4.1 USING A DIFFERENT APPROACH

Based on the above, the partnership with Educo was formalised and in the first half of 1998 a staff member was appointed who trained other staff and supervised the implementation of time limited (one or two hour) activities, such as group problem-solving into the normal routine of the residential care programme. In addition, two groups of children were taken to a campsite for a weekend each. Not yet subject to formal evaluation the sense is that this process has excited the youth who are happy to participate in shorter activities and involve themselves in the camping processes. Staff are involved in all of these activities and report that it is easier to reinforce with the youth what they have learnt when one is present when they are experiencing the process. One of the weekends was designed for a group of pre-adolescent boys accused of raping some girls. All activities centred on developing a sense of personal control and responsibility and developing self-esteem and trust between the children and the staff. The impact of the weekend has been dramatic with a real decrease in the troubled behaviour and real connections made for the therapeutic process for the boys themselves, who state that they feel understood and do not feel that they are being blamed but that they know that the behaviour is not allowed because it hurts other people.

3.5 TAKING WILDERNESS EXPERIENCES FORWARD

This data was presented to the team in a series of reports and workshops and finally assessed using the framework provided by Fawcett et al (1994: 36-37). It was concluded that in the context of the Home, adventure or wilderness experiences are effective if the outcomes and learning aims are supported back in the Home life space and if the courses are tailored to meet

the needs of individuals rather than offered as a blanket approach. For example, the exclusion or scaling down of the “solo” experience would address the needs of many of the Home youth.

The decision to appoint a trained instructor to the staff and to allow him to train others increased the confidence that the use of wilderness experiences was replicable and affordable. We acknowledged that the level of skill owned by the Outward Bound staff could not easily be brought into the ambit of the home and that the nature of the experiences would have to remain simplified so that they could be used logically and safely within the Home context. Given the physical space available to the Home and the freedom in terms of designing interventions for youth, the use of adventure type experiences is practical especially as increasing staff capacity would increase cost-effectiveness in the long run. We believe that it is adaptable to other contexts and provided information in the Manual to test whether this perception was shared – adventure training (as opposed to the blanket provision of Outward Bound experiences) need not be excessively expensive or elaborate. The important principle is to use the outdoors to provide experiential opportunities to reinforce the developmental goals of children and youth (Smith 1987: 213). Because it can be implemented in an incremental process depending on the training and resources available, it is accessible to any context.

Compatibility with the values and customs of the target population created more debate with staff feeling that it was very appropriate for adolescent boys because of the physical challenges but that young Xhosa girls found it alien to their culture (Funani 1990). The staff argued that while Xhosa boys may respond to physical challenges some challenges – such as “solo” – were not appropriate. Child care workers (all Xhosa) felt the same way about staff involvement but said that they had benefited from their own experience and that the dissonance was not so great with the less intensive model used since the involvement of Educo.

Adventure training is certainly congruent with the values of a programme seeking to increase youth independence. These findings were reported in the Manual (Appendix 1).

4 CAPACITY BUILDING FOR CHILD CARE WORKERS

4.1 BRIEF REPORT ON PROCESS

For each area of need identified, some form of training was brought in or facilitated within the organisation (see Training Manual in Appendix 1 for full list). Of relevance to this thesis is the process of using the experiential learning process for training with particular relevance to the way the child care workers participate in the organisation. This was handled from a training perspective in the assertiveness training course after which the child care workers themselves workshopped the extent to which the competencies and confidence they required had been achieved and the extent to which they felt the training had made a difference in the work context. In addition, other staff were interviewed about their perceptions of the change in child care workers (if any) and the issues were then discussed at a shared meeting.

4.2 ASSERTIVENESS TRAINING

The training was conducted in Xhosa by the research assistants who were supervised in the process by me. The child care workers had asked for the research assistants (rather than other more senior students) to do the training as they had established a relationship with them and trusted them which made it safe for them to share their feelings and express their fears (cf Whitmore 1994: 94). In each session the child care workers were given opportunities to explore what they already knew and understood about the topic covered and affirmed in making links between what they did because it “felt right” and the knowledge base or theory that underpinned that. In this way we sought to draw attention to the intuitive knowledge they were using without realising what it was and the conscious knowledge that was being consciously used – compare to Table 11 on page 74. Through role play and brainstorming exercises the participants were then challenged to consider better or more effective ways of handling specific situations. Discussions and guided fantasies aimed to highlight that the child care workers knew things but were making choices – for various reasons – not to use their knowledge (Beker & Eisikovits 1991: 7; Peters & Madle 1991: 305). Sessions ended with input which was limited to filling in the gaps. Working in this way we were able to tap the resources the child care workers already had as a group and affirm the skill and knowledge they already controlled. Didactic teaching made up only a small part of the process but was consciously shaped to emphasise that much of the material presented was based on the prior knowledge of the child care workers.

Example:

In the session on communication the groups started with role-playing different ways of listening to other people. As a group they then worked out which styles were effective (from the point of view of the speaker and the listener) and which were not effective. Effective skills were then linked to understanding of why they worked – for instance, it is easier to speak to someone who is listening to you and showing that she is listening by looking at you. Her looking at you means that she considers you important which makes you feel more confident. When you feel confident you are able to express yourself better. In this way the leaders moved them from identifying the “truth” to abstracting it to “theory” of self-esteem and of motivation.

The training was designed to avoid a skills deficit model (Treleaven 1994: 140) as the group supported the view that the reason that the child care workers did not participate in decision-making was not related to a simple lack of skill. Thus providing skills alone would not result in real change. We acknowledge that the organisational structure and functioning was as important (if not more so) than the “skills deficit” of the workers and thus the training was aimed as much at consciousness raising as it was at providing skills.

The Beker and Eisikovits (1991: 10-14) model of the process of experiential learning enabled us to achieve these multiple tasks of increasing explicit knowledge, raising consciousness and teaching some skills as is illustrated below. The phases of this model are supported with examples drawn from process reports of assertiveness training sessions conducted for the child care workers by the research assistants. (The explication of each phase is repeated for ease of reference).

Phase 1 **Experience an incident**

With experience defined by the authors as “what strikes us first and alters the sense of continuity in bodily sensations, our awareness of time and space and in our emotional world” (Beker and Eisikovits 1991: 10) they argue that all learners first experience something and make it significant by giving it attention.

Participants were asked to consider real practice situations and we used role plays to focus their attention on specific experiences such as meetings in which they had agreed to decisions they did not support.

Phase 2 Grasping

Here experience is placed in the context of typology grounded on other experiences. Has this happened before and how similar were the circumstances?

Participants were asked as a group to consider other times in which similar outcomes had occurred. They linked individual to small group experiences and then through reporting to the whole group began to abstract from shared experiences to the trend of their work life. In terms of assertiveness for instance they recognised that when the white staff chaired meetings they felt inadequate because of the use of English and the speed at which decisions were required.

Phase 3 Identify and weigh options for action

Based on understanding of what has happened or is happening and on what occurred before possible courses of action and their consequences are considered. This consideration and assessment depends on our experience, on who is involved, on risks and on desired outcomes.

In a sense this assessment draws largely on practice wisdom.

Roleplays were used extensively to allow participants to fantasise about the outcomes of meetings in which they acted differently. They were able to move between extreme reactions and more grounded reality based outcomes and to become more comfortable with giving up fantasies that making different choices would result in disastrous outcomes such as being fired.

Phase 4 Choosing a theory

The phases up to here have been experiential and inductive on the basis of concrete, everyday experiences. At this point the options considered need to be placed in the context of theory and of programme objectives. That is, specific attention must be given to abstract and theoretical knowledge.

Participants were focussed on the consequences of their choices from the perspective of the theory of child care. Questions were asked such as: "What is the impact on the youth if you agree to report dagga use to the police? Why is this an outcome to avoid? What is the developmental consequence of this outcome?"

Phase 5 Hypothesise from theory

Theory is a "symbolic construction or a set of propositions, arranged in a logical deductive system or causally linked together" (Beker and Eisikovits 1991: 14). Theory helps the practitioner make sense of situations by linking action to situation; it modifies the action repertoire used; it assists with discarding old and seeking new repertoires. Theory helps with the process of understanding the consequences of action decisions made.

Participants were challenged then to reassess their behaviour in terms of the theoretical links they had started to make. Some concluded for instance that not speaking out about the inappropriateness of the menu meant that they were undermining the self-esteem of youth by separating them from their cultural connections. Poor self-esteem was reinforced by other experiences in which Western culture dominated.

Phase 6 Confronting action options with test hypothesis

A process of bringing together inductive and deductive knowledge – of hypothesising in the following manner: if I do X then Y is likely to happen.

This is where homework came into play. Child care workers experimented with being different. One stood up to a supervisor who often unilaterally cancelled or changed supervision appointments. She reported to the group that the supervisor had been taken aback but that the two had spoken about how each experienced supervision and had realised that both had been involved in avoiding it for some time.

Phase 7 Acting as doing conceptual practice

Once action is decided on and carried out the outcomes are observed. If the outcome is as is anticipated then the decision-making resulting in the practice is included in the area of known and utilised knowledge.

Learning from the outcomes of each other's homework the child care workers rapidly increased the number of places and times in which they implemented the principles we had been teaching.

4.3 ASSESSING IMPACT OF TRAINING

Just prior to the assertiveness training, about half of the staff team had participated in a weekend diversity/cultural awareness workshop and just after it the other half of the team underwent a similar experience. It is thus impossible to indicate which had the most impact but the opinion of the team of child care workers is that the two processes were complementary.

There is broad agreement that the immediate impact of these two experiences were increased participation in meetings and in decision-making at meetings reflecting a willingness to accept themselves as full members of the trans-disciplinary team (Barnes 1991: 133). This was also reflected in increased co-operation with the processes of reworking the constitution and the election of a staff representative team. Five of the six child care workers from the pilot project said that the training had altered their day-to-day work life – they were able to give powerful examples of experiences where they had protested against what they viewed to be patronising

action on the part of a manager and one spoke of her ability to insist on having her Xhosa name used. In a meeting with all the child care workers⁸⁷ who had attended there was praise for the process but it appeared to be shallow (Whitmore 1994: 93) and I had a strong sense I was being given only the positive feedback that the team thought I wanted to hear. The evaluations done during the training were all positive and there was thus no reason to doubt the honesty of what the child care workers were telling me. However, there was a sense that the relationship I had with the six child care workers from the research group paid dividends in terms of their willingness to risk in their feedback. The other workers did not trust me as much/know me as well and this may be why their responses were less detailed and open. Only one child care worker indicated that she is still not able to express her opinions to white management staff and one other said: "I say what I think now but in reality they do nothing about it except listen".

It is however possible to deduce a tendency towards more openness as a result of the assertiveness and diversity training. The most dramatic evidence of this openness was a meeting requested by the child care staff with the management in August 1997. At this emotionally charged meeting the "hidden agendas and secret fears" were openly discussed for the first time in the history of the organisation. Three themes emerged: first, that the black staff perceived themselves to be the victims of systematic and intentional discrimination; second, that no effort is made to adjust the management of the organisation to cater for cultural needs and no respect is given or shown for cultural norms such as the way people should greet each other or the process of consultation before decisions are made; third, that the management style was hierarchical and reinforced the power of the white staff. As Archer and Whitaker (1994: 179) have argued a collaborative process is dependent on the acceptance by the management of the painful products of that process. Without the willingness of the management of an organisation to accept the findings of the processes the entire enterprise can falter (Archer and Whitaker 1994: 175). In this sense this organisation is fortunate. Senior management experienced this outcome as painful and shocking. One said to me: "See what your assertiveness training has caused" while others said that the child care staff were hiding behind race issues rather than facing some of the other real questions about their own competence and commitment. The director however led by example through this process in recognition that interactive leadership "is the interaction and

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The six project workers and all the other child care workers at the Home

resultant growth and progression that occurs when individuals demand and encourage accountability, first of themselves and then of each other" (Boon 1996: 82). Of use here was what Heron (1996: 130) referred to as a process of confronting the distress so that the defensiveness and old hurts can be dealt with. This is as important for the researcher as it would be for the manager who is facing the hurt (Heron 1996: 149). I admit to being most disconcerted when the intensity of feelings were understood and the impact of them on someone who was a key support (the director) were observed – it was as if the research process had contributed to something in the organisation that could no longer be controlled by any of the team that had initiated the process and we were left dependent on the faith that the organisation was healthy enough to weather this storm.

The strategy we devised was one of "talking healing" and of acting directly to address those concerns which could be seen as symbols of other issues. Small group meetings were held with different groups and memos and circulars used to reinforce policy and make clear the management position on racism or any other form of discrimination. It was a volatile period that resolved itself with the election of representatives for the staff team.

That the impact of this openness was positive is reflected in the fact that the organisation weathered this volatile period with no industrial or other action and that all staff members agreed to vote for representatives for the representative team – through this action they demonstrated a willingness to go on with the transformation process and to invest themselves in the changes. The most evident impact is witnessed in that these issues (in all their general and specific ways) remain on the agenda at these and other meetings and are part of the conscious process in all decision-making and all participation in the organisation.

5 INCREASING STAFF INVOLVEMENT IN DECISION-MAKING AND REPRESENTATION AT MANAGEMENT LEVEL

All staff participated in the elections for the representative team and from September 1997 the team met once a month. There was great uncertainty in the first meeting about the purpose of the group. One of the domestic assistants elected as a representative said: "This makes me nervous -- what am I meant to do?" The first meeting was stilted and formal with the director setting out his expectations for how things should be done and using "meeting jargon" such as

minutes being confirmed; meetings being declared open and items for agendas – although he allowed for interpretation of all he said. Whitmore (1994: 94) stresses the importance not only of words but of their contextual meaning – she argues that the meaning (that which is understood) “is part and parcel of the who and how, as well as what”. The use of formal language and parliamentary procedure was understood by the director to be alienating for the staff and he acknowledged that he had used it because of the safety of familiarity in this new process (Kahn 1994: 45). In the second meeting the director used a less formal approach modelled on the introductory seminar used to initiate the research partnership: time was spent on getting to know each other; exploring what was going to happen in the meetings; examining roles; discussing commitment; sharing feelings of uncertainty about the process and planning the boundaries for the way forward (De Venney-Tiernan et al 1994: 123).

After three meetings a general meeting was called to evaluate the extent to which the group was meeting the needs of the staff but this coincided with a great deal of press coverage of the failure of the provincial government to pay subsidies in November 1997. As a result, the staff team were reluctant to focus on the issue and comments such as “if we are going to lose our jobs we want to hear it from you and not from our representatives” were repeated even after reassurances. Other comments were that some representatives did not feed information back to their groups and that others presented their own agendas.

When asked to generate solutions, the team itself decided to allow the process to continue for six months; to take responsibility within their small groups for replacing representatives who did not meet their mandate and to take personal responsibility for using the mechanism more. At an evaluation in June 1998 the staff agreed that the system had value and agreed to elect a second set of representatives. The structure was renegotiated as the election of staff representatives onto the Management Board revisited the issues of the purpose of representation but it was agreed by all the staff and the managers and Director that both systems were needed.

6 CONSTITUTIONAL CHANGE

The Children’s Home constitution was rewritten and staff were involved in small group workshops on the design of the principles of the constitution and then in commenting on each draft. Participation across the staff group varied, with the team involved in the research work

participating more in the meetings and making more of their own suggestions than any other group of staff. Because wide acceptance was necessary, additional meetings were held with the other staff to increase their ownership of the process. A new constitution was adopted in May 1998 and presented to staff again in a workshop. Acknowledging the different levels of familiarity with constitutional provisions, with membership recruitment, voting and representation it was important to make this interactive workshop function at many levels without patronising any staff member (Kahn 1994: 43) so the workshop used techniques as varied as translated English⁸⁸ presentations, visual representations of the electoral process and roleplays carried out by the staff team.

7 ASSESSING THE RESTRUCTURING OF THE ORGANISATION

7.1 AFFIRMATIVE ACTION AND DE-WESTERNISATION OF PROCESSES

Three black female child care workers were appointed to senior posts but all of these posts were on the Izeli campus which in effect entrenched the racial lines of management. Authors (Boon 1996: 15; Treleaven 1994: 140) have argued that affirmative action which simply places women in management positions has not been shown to be effective if it does not involve radical changes of culture and functioning. The women managers on the Izeli campus practise almost complete independence with almost no systems of accountability (Boon 1996: 97) yet appear to have had little impact on real decision-making within the overall system.⁸⁹ Wozner (1991: 261) asserts that competence is increased in a job if new appointees believe that they have mastered the skills required of them but this ignores the structural and functional blocks referred to by Treleaven (1994: 140) which make it clear that technical competence is only part of the real transfer of power.

⁸⁸ Having written the constitution after a series of workshops at which the principles had been concretised with the staff, I took responsibility for this meeting and used these diverse processes because I agree with Whitmore (1994: 94) that meaning is contextual and I needed to be sure that all staff understood and were presented with the information in a way that made sense to them.

⁸⁹ The residential care manager is based in town and thus the senior staff on this campus have more immediate and direct access to her and are often consulted informally. Efforts to increase the consultation with the managers on the Izeli campus (at least by phone) are hampered by the frequent theft of telephone lines. In the past three months there has been no telephonic contact between the town and the village for four different weeks. A cellular phone and the commitment of the residential care manager to spending two full days a week working from that campus have made a difference.

The team agreed that it was important to begin to consciously value African culture (Boon 1996: 65) within the organisation so that resistance to change (Boon 1996: 58) across all the levels could be mediated at more than just the psychological level. It was recognised that ownership of the organisation could be increased by facilitating real participation as a means of empowering the staff. By involving staff in concrete steps to change the culture of the organisation, the staff themselves have reported an increase in personal esteem and a commitment to the direction and decisions being taken (Boon 1996: 70). These steps (as defined by the staff and not the management) have included the Africanisation of the children's menu; increased translation in meetings; the circulation of minutes and memoranda in English and Xhosa; a slowed down consultative process of decision-making which includes opportunity for small group discussions prior to big group decisions.

Interviews with staff indicate that they are unanimous in their appreciation of these changes as well intentioned but there is some mistrust of the extent to which they will be sustained, which is in line with Adedeji's (1990: 41-42) assertion that culture (attitude and being) change has to be a lived experience over time for staff before they will accept structural or procedural change as being trustworthy and meaningful.

Thus, while the change was planned keeping in mind the cautions of Muhith (1990: 82-87) for negotiated and incremental change, there is an ongoing need for the experience of the change in culture. For the white staff who experience their ways as being "quick and efficient" the temptation – especially in crisis – is to short circuit the new processes but there is evidence of their ability to perceive when they are doing this and to step back from it. For example, after the recent sexual assault of youth by other youth a workshop was held at which the child care workers were allowed to explore what the assault meant to them before the plans were put in place for managing the youth.

The initial management response was to find out "what happened" but the workshop focussed on how it was possible for this assault to have happened and what the assault mean to the youth

and to the staff. The result is that there is still uncertainty about what happened⁹⁰ but clarity about why and what needs to be done to limit the possibility of a recurrence.

7.2 IMPACT OF RESTRUCTURING ON THE CHILD CARE SYSTEM

One concrete example of real devolution of authority and responsibility is in the creation of the posts of campus managers and programme co-ordinators which has decentralised the responsibility for programme writing and management and increased the clarity of lines of supervision and accountability. Child care staff receive more individualised attention and are receiving more on line supervision.⁹¹ Supervision occurs more regularly and child care workers all report feeling that they understand the programmes more because they are involved in designing them. In interviews with the staff we have been able to confirm that there has been an increase in seven of the eight central competencies for child and youth care workers (Harrington & Honda 1986: 29), which the staff themselves attribute to the training and to the restructuring of the supervision and programme writing systems. In this respect almost all of the child care workers⁹² confirm that they better understand what they want to achieve in the group units; that they feel more confident to create structure and activities in the units to meet the goals of promoting healthy development; that they are increasing the range of possible responses to troubled behaviour; and that they understand what is required of them. What remains a challenge to this group, in their own perceptions, is their uncertainty about dealing with families and other community members – they perceive themselves as being viewed without respect by the families and thus believe that they cannot make inroads with them.

⁹⁰ When working with these troubled youth we were never really sure about what happened as the motivation to lie to protect oneself is compounded by the reality that each youth understands the event very differently in the first place. Thus finding out – in this and most other situations – exactly what happened is usually of limited value in terms of what it achieves for the development of the youth and the organisation. It is more important to find out how and why something happened because it is the understanding of the process (rather than just the product) that allows staff and youth to integrate the experience.

⁹¹ Supervision in the residential care units is carried out by the supervisor during the normal course of a day's routines

⁹² Of the six in the research group only one continues to express doubts and some of the other child care workers have volunteered that they are excited about their work again. Small group meetings with the campus managers and programme co-ordinators confirm the perception that the change is real and meaningful although there is ongoing reservation (n = 2) that the change will not be sustained.

Using official records it is possible to say that the restructuring has increased the efficiency and accountability of the system with more youth being assessed and less supervision sessions being missed – between January and June 1998 100 of the 155 children in care had been assessed and 98 programmes for their individual development written. This figure includes all the youth for whom no programmes at all had existed and a substantial number of others. While the child care workers and their supervisors say that the new system of assessment and the related programmes has resulted in improved behaviour for most youth who have programmes, four youth who were reported to have developed significantly all said “What programmes?” in response to a question about the changes the programmes had effected in their lives. Thus while the child care workers (the six from the pilot project and most from the rest of the organisation) are unequivocal that the new system works, the youth themselves do not necessarily consciously know that change has happened at this level.

7.3 CHANGE

The success of the change initiatives in this Home are arguably a result of the motive for the changes in the first place. This is not an organisation that was in crisis prior to the changes but instead one in which both staff and management recognised the importance of the changes happening nationally and the need for the transformation of their own system. In line with Levine (1989b: 28) this kind of change is likely to be the most successful because there is an inherent stability in the organisation that makes the transition through unstable external conditions more likely. Levine (1989b: 31) has argued that most organisations undergoing change hit rough patches – which she terms a “nose dive” – when staff and managers begin to question whether the change will work and those who are not committed to the change are most able to undermine it. Change is perceived differently by the people affected, with not all the staff wanting the same change for the same reasons. Also, the impact of history is not easily shifted and staff are often not readily able to move out of their comfort areas or risk different ways of being (Levine 1989b: 30-32). Levine (1989b: 28) also points out that change in the workplace context of residential care actually affects the whole life-space of staff and thus that resistance to change is often higher, or more dramatic, than it would be in an office bound context.

Taking all of this into consideration the difficulties associated with initiating and stabilising change in this organisation are not surprising. It would appear that success was achieved for at least some of the following reasons:

- the interpersonal relationships between the staff were good to start with and there was a “store of good will” to be traded on
- the director was able to risk within his own practice and thus modelled willingness to change
- the participatory model used in the research was implemented in the change process resulting in increased ownership
- the threat of subsidy loss resulted in staff standing together and supporting the organisation
- the policy principles of the IMC were already known in this Home before they became national issues – there was thus limited resistance to the ideas and they were not seen as “top down” or as alien. The policy is closely aligned to the teaching on the BQCC and thus most of the child care workers had already been exposed to the ideas before the IMC pilot was initiated.

8 YOUTH POLICY

8.1 ASSESSING EFFECTIVENESS

The effectiveness of the policy was assessed in terms of its implementation and the impact that working under the policy had on youth. It is not possible to attribute causal links to changes but the case study analysis of daily logs which track youth from three months before the implementation of the policy does provide some indication of the changes achieved.

In general it can be said that the six child care workers involved in the IMC pilot have bought in to the policy more consistently but that the others found it difficult to allow youth to experience the consequences of, for instance, not waking themselves in the morning when the youth were already reluctant to attend school. In practice the policy is implemented most consistently in these units after school hours and on weekends and during holidays. There are no units in which the policy is not being used at all to guide the decisions the child care worker makes about what she will do for the youth and what they will be required to do for themselves.

The Goal Attainment Scale and the child care logs which record the behaviour of each child each day were used as analytical tools, to balance the generalised perceptions of the child care workers, to assess how youth were progressing in the period the policy was implemented.

8.2 ANALYSIS OF GOAL ATTAINMENT SCORES

8.2.1 PROCESS OF GOAL ATTAINMENT SCALING

Starting in December 1996 youth in residential care involved in the IMC pilot project (N = 45) were scaled by child care workers and the social worker every three months using the Goal Attainment Scale. Due to the unreliability of the social workers scores (previously discussed), these have been removed from the analysis and the scores of the child care workers used. At different scaling points other staff scaled a sample of the youth so that I could check for inter-rater reliability and the difference between child care scores and other staff scores (excluding the social worker) average at 2 points per child scaled. I thus have confidence that the child care workers understood and administered the scales competently.

The analysis presented below is broken down into the four spirits of the circle of courage (Belonging, Independence, Generosity, Mastery) and considers the youth in three groups: the girls in the first intake; the boys in the first intake and then the small group of youth (boys and girls) in the second intake.⁹³

8.2.2 GOAL ATTAINMENT SCALES: SCORE ANALYSIS

Table 18 presents the scores of the girls (totals) at each of the four ratings and provides an indication of the changes between scores over time. The youth who were not scaled in March 1997 had been discharged or had absconded at that time. The additional youth not scaled in June 1997 had just moved to a new unit (independent living) and was missed in the process. The one youth who was scaled in June but not in September had absconded again. Only the seven youth scaled on all four occasions are considered immediately below.

For these youth (n = 7) there is an average score increase from 12,8 in December 1996 to 24,8 in March 1997. This falls away to an average of 15 in June 1997 and rises again to 25,3 in

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"Intakes" refers to the groups involved in the IMC pilot project.

explained by the fact that most youth were moved to other units at about this time and this score may not only reflect the fact that many of them were not as well known to the child care workers as they had been, but could also be a reflection of behaviour change associated with being moved to a new unit. This analysis is supported by the increase reflected in the September 1997 scores which returned the scores for most youth to a similar level as attained in March 1997.

Interesting cases worth noting are:

- G As reported in her case study this youth initially exhibited a great deal of troubled behaviour. Having read her logs and discussed her with the team we concluded that she does not cope well in large groups and has a great need for individual attention. In August 1997 she was moved into the independent living unit where there were only three other girls. The increased score is a reflection of dramatically improved behaviour.
- H H was only rated twice as she was released into foster care in December 1996. This relationship broke down and she returned to the Home in August 1997. The score of -27 for her in September is unremarkable in that it reflects the staff perceptions of a youth severely traumatised by negative experiences and by a further rejection experience.
- P Her behaviour was increasingly troubled over this period. She was involved in inappropriate behaviour at school and in the Home and she frequently experienced rejection from peers and teachers. The score of -30 in September is a good indicator of her refusal as from October 1997 to attend school or participate in any group activities. She has since absconded on various occasions and is involved in a police investigation of housebreaking.

Table 18*Goal Attainment Scale scores for the first intake of girls.*

Name	Scores of GAS				Changes between scores		
	Dec 96	Mar 97	Jun 97	Sept 97	1 st to 2 nd	2 nd to 3 rd	3 rd to 4 th
A	22						
B	-5	4	8	14	9	4	6
C	4						
D	-12		-14	10		-2	24
E	26	54	49	49	28	-5	0
F	34	48		45	14		-3
G	-30	-28	-21	15	2	7	36
H	-4			-27			-23
I	17	23	19	25	6	-4	6
J	6	28	15	23	22	-13	8
K	27	56	39	49	29	-17	10
L	18	18	13	11	0	-5	-2
M	13						
N	22	20	-2	16	-2	-22	18
O	-18		-35			-17	
P	0			-30			-30

Considering the scores of the subscales there are trends that mirror the average referred to above. On the Independence scale the average full group score ($n = 16$) for December 1996 is -0,56 while the average for the seven youth who are scaled all the way through at that time is 0,71. In March 1997 the average for all the girls scaled ($n = 9$) is 4,56 while that for the seven referred to above is 3,86. In June 1997 the full group average ($n = 10$) is -0,2 while the score for the seven is 2,43. In September 1997 the full group score ($n = 12$) average is four while the average for the seven is 6,14. Thus, for the youth who were in care for the full time and were rated every three months over that period there is a greater increase in the Independence score with the same dip in June 1997 although this dip is not as great as that for the total score. It can thus be tentatively suggested that the changes in June 1997 had an impact but that this was not felt only in the areas of functioning related to the Independence subscore.

The impact of removing the extreme cases is also of interest. For instance, one of the youth scored in September 1997 was H who has (understandably in terms of her history) a very low Independence score (-13). P who also has a predictably low Independence score (-12) was scored in September 1997. These two, two others and F who has one of the three extreme positive scores in September (10) are not considered when only the group who have all four scores are considered. The average moves from 4 (n = 12) to 6,14 (n = 7) which out of a total of 20 is significant given that F's score compensates almost completely for one of the other two mentioned.

The scores on the Belonging scale suggest similar trends. The group average scores for December 1996 (n = 16); March 1997 (n = 9); June 1997 (n = 10) and September 1997 (n = 12) are 4,56 and 9,33 and 2,7 and 4,5 respectively. The big drop to the June 1997 score should be noted as should the recovery in September 1997. For the seven youth scaled all four times the averages are 5 and 8,57 and 5,71 and 7 respectively. Again – the removal of extreme cases has resulted in a levelling of the trend as although there is still a dip in June it is not as marked.

On the scale for Generosity the same trend is provided with a dip in June which recovers in September. These scores are:

Scale	Total scaled	Average	Average for group of 7
December	n = 16	0,63	0,86
March	n = 9	2,22	2,14
June	n = 10	-0,1	1,43
September	n = 12	1,75	2,86

On the Mastery scale the scores were as follows:

Scale	Total scaled	Average	Average for group of 7
December	n = 16	2,88	2,71
March	n = 9	8,33	8,29
June	n = 10	4,7	8,72
September	n = 12	7,58	10,57

It is worth noting here that when only the seven are considered there is a very dramatic evening out of scores with the dip in June 1997 still being reflected but being minimal.

The boys in the first intake were scored at the same times as the girls. Their scores at the four points of scoring are as follows:

Table 19

Goal Attainment Scale Scores: Boys in the first intake

Name	GAS scores: Boys in first intake				Changes between scores ⁹⁴		
	Dec 96	Mar 97	Jun 97	Sep 97	1 st to 2 nd	2 nd to 3 rd	3 rd to 4 th
AB	-4	14	12		18	-2	
BB	-14						
CB	3	5	24	10	2	19	-14
DB	16	31	27	26	15	-4	-1
EB	-17						
FB	14		25	9	11	-16	
GB	4		21		17		
HB	-1						
IB	19	6	-10	6	-13	-16	16
JB	-19		1	-2	20	-3	
KB	-18						
LB	-9	-2			7		
MB	-14		33	10	47	-23	
NB	19	8	29	32	-11	21	3
OB	-1		28	5	29	-23	
PB	9		3	6	-6	3	
QB	-26						
RB	6	-2	-17		-8	-15	
SB	-4		7	29	11	22	
TB	0						

⁹⁴

As most of the boys have been scored only three times the changes will refer to changes between the first and second scores (irrespective of dates); the second and third (irrespective of dates) and the third and fourth for boys scored all four times only.

Only four youth were scaled on all four occasions as the child care workers in one unit did not submit their March 1997 scores. Those not scaled in June and September had been discharged by those dates respectively. For the purposes of discussion all youth who were scored at least three times will be considered.

These 11 youth had an average score increase of 9,46 between the first and second time they were scored and an average of -2,27 decrease in scores between the second and third time they were scored. However, if one considers each individual in the group there are only two youth whose final scores are lower than their first scores – for all the others there was a correction after a rapid increase between the first and second scores. The possible interpretation of this is found in the case studies of the two youth. In IB's case the dip in scores is associated with his increased use of dagga and the resultant irresponsible and bizarre behaviour. In this case there is a move back up that is associated with his acceptance that he has a dagga problem and although he did not regain the level of functioning associated with him to begin with, he was showing improvement at the end of the period studied. The change for PB is less marked and although the child care logs reveal a great deal of oppositional and defiant behaviour it is always balanced with enthusiasm for skills training. Although clearly troubled he functions consistently and this is reflected in a fairly stable score.

For those 11, boys the Belonging score in December 1996 averages at 0,18. For the 6 who were then scaled in March 1997 the score average moves to 2,5. In June 1997 all 11 were scaled again and the average for Belonging had moved to 3,9; by September 1997 the nine youth of this subgroup of 11 who were still in care had an average Belonging subscore of 5. By this stage the youth had all been placed in mixed age and gender units and had been placed in appropriate education or training. On the Mastery scale the December 1996 average ($n = 11$) was 1,55 and the March 1997 ($n = 6$) average was 3,17. In June 1997 the average ($n = 11$) was 4,64 and for the nine youth still in care from this group of 11 the average score in September 1997 was 3,56. An increase was not unexpected in June 1997 when so much attention was being given to the skills training needs of the youth and five of them had been placed in work placements in the community (cf Berliner and Benard 1996 – increasing a sense of competence). Between June 1997 and September 1997 two of these had started to break down triggering some anxiety for

all the youth and perhaps explaining the dip in Mastery scores. On the Independence scores the December 1996 (n = 11) average score was 0,45. In March 1997 (n = 6) the score was 3 and in June 1997 (n = 11) the average score was 1,9. In September 1997 (n = 9) the average score was 2,67. Most of these youth were now living in an all adolescent unit in town and an increase in Independence scores is not unexpected given the child care worker's often repeated concern that she was not sure if the boys were running her or if she was in charge!

On the Generosity scale the 11 had a 0 (zero) average for Generosity; the six scaled in March 1997 had an average of 1,67 while the average for all 11 in June 1997 had moved to 0,8 and in September 1997 the average was 2,1. All these changes are small and given the theoretical assumption that Generosity is most dependent on the other aspects (Belonging, Independence and Mastery) small changes are not unexpected.

Individual cases support the trend. On all subscales and on all the full scales the improvement for MB is dramatic and marked. MB did not cope living in an all adolescent mixed race unit and his troubled behaviour and racist actions impacted on what had been a fairly stable school and behavioural history. He was moved to the independent living unit where he received a lot of attention from a senior child care worker (white) who was able to work directly with him on his perceptions and attitudes. Of most significance in his growth is the improvement in his relationships with black youth since his improved attachment with a child care worker. In 1998 he was placed back in a mixed race, mixed age unit and has continued to cope -- he and the black adolescent boys in the unit forming a clique against the younger youth. This is additional support for the resiliency that is created when a youth feels that he or she belongs and is accepted (Berliner & Benard 1996) which in turn makes it possible for a less introverted more generous view of the world (Brendtro et al 1990).

The second intake of youth was very small and the boys and girls are considered together except when a specific point needs to be highlighted (Table 20).

For this group the averages of each score will be considered rather than the average changes, as the youth (except the girls September 1997 scores) were all scaled at each of the opportunities while they were in care – DC and FC did not come to the Home until early in 1997 and the latter

was discharged before the December 1996 scaling was done. In December 1996 the average score for the seven youth scaled was -2,7. In March 1997 it was 0,67 (n = 9) and in June 1997 it was 3,11 (n = 9) which supports the perceptions of staff that there had been some improvement in functioning in this group after the first Outward Bound course. In September 1997 (when the girls were not scored) the average is only 0,14 (n = 7).

Table 20

Goal Attainment Scale scores: second intake

	Dec 96/Jan 97	March 97	June 97	Sept 97	Dec 97/Jan 98
AC	2	10	12	23	0
BC	3	3	0	0	8
CC	-8	-1	4	-12	2
DC		-13	-5	10	7
EC	-18	-19	-1	-22	-15
FC		14	15	8	
GC	10	15	18	-6	1
AD (girl)	0	1	-10		-36
BD (girl)	-8	-4	-5		-17

In such a small group the influence of one youth on the average is even more marked. For instance, in September EC has a very low score (coinciding with increased use of dagga as recorded in the child care logs) and without his score influence the group average is 3,83 which is very similar to the June score and reflects the stability in this group at that stage. The December score average is subject to the same influence of extreme scores. Including the girls, who have very low scores, the group average is -6,25 (n = 8). Excluding the girls, the score (n = 6) moves to 0,5 which reflects a drop from September which is congruent with some of the discipline and control problems experienced in the boys town house group towards the end of the year. Again the influence of EC is significant -- if he is taken out of the score then the group average (n = 5) is 3,6 which is again fairly stable. This youth experiences very little

acknowledgement and affirmation as he has failed to make progress at school or in skills training; has poor and inappropriate resources for solving problems of all kinds and is dependent on staff to make decisions for him. He does not have any of the elements Berliner and Benard (1996) associate with resilience.

The subscale scores for the Mastery dimension over the five scaling occasions are 1,5 (n = 7 Dec 96); -0,4 (n = 9, March 1997); 1,89 (n = 9; June 1997); -1,29 (n = 7, September 1997) and -1,25 (n = 8, December 1997). These low stable scores are congruent with a group that is significantly behind age appropriate levels of schooling and whose literacy level is so low. The Generosity scale score averages are as low and as unchanged which is not unexpected given the dependence of this personal characteristic on others:

Month	Average score	Number scored
December 96	-1,43	7
March 97	-0,67	9
June 97	-1,22	9
September 97	-0,57	7
December 97	-1,13	8

The Belonging scores show an increase from December 1996 (n = 7) 0,75; through March 1997 (n = 9) 1,33 to June 1997 (n = 9) 2,78 and September 1997 (n = 7) 2,14 with a dramatic slump to -1,63 (n = 8) in December 1997 which, given the child care logs which indicate how reluctant many of the youth were to leave care at the end of the year, is not unexpected. The Independence scores reflect the same slump in December 1997 which it is argued is also not unexpected. Those average scores are:

Month	Average score	Number scored
December 96	-3,7	7
March 97	-1,89	9
June 97	-0,33	9
September 97	-0,14	7
December 97	-2,34	8

8.2.3 CONCLUSIONS DRAWN

Assuming the validity of the measure, the Goal Attainment Scale scores illustrate incremental growth for most of the youth over the period with individual circumstances explaining individual fluctuations eg H. The fit between the case studies and the daily logs and these scores improves confidence in the validity and reliability of the scale. While impossible to single out the youth policy as having resulted in these changes it is possible to argue that the youth policy embodies the whole approach to youth in this organisation which is developmentally appropriate and fosters independence. The Boys Towns' study (Coughlan & Coughlan 1998) used the GAS for 33 youth over an eighteen-month period. The same consistency between scores and the reports of staff and the youth themselves were found with one significant difference. On the whole the Boys Towns' youth (who coped better with the wilderness experiences as a group) showed a greater average increase in Mastery scores than did the youth in this study. This is consistent with success achieved through an experience such as Outward Bound.

8.3 DAILY LOGS AS MEASURES OF GROWTH IN YOUTH

8.3.1 METHOD OF CONTENT ANALYSIS

As content analysis is an accepted method of textual analysis it was used as the most simple method for extracting reliable information from the daily logs kept by the child care workers. It is predominantly a quantitative methodology where attention is given to ensuring that the words or concepts counted are understood and counted accurately (Silverman 1993: 59). Silverman (1993: 59) argues that this method may be valid and reliable but it often results in trite findings as it is not a method by which the meaning that the individual attributes to the words he or she uses is explored. To address this criticism in some measure the child care workers and I met to discuss the kinds of behaviours we were wanting to record and to share our perceptions about what would indicate the presence of an emotional state. While complete consensus was never reached I am confident that the child care workers and I shared an understanding of the behaviour we were recording which included an understanding that the behaviour was indicative of need and not of delinquency (Jensen 1985).

The time period over which the logs were analysed was approximately nine months divided into conceptual periods of "Before" referring to time before the youth was cared for in terms of the

youth policy;⁹⁵ “During” reflecting the period after their first wilderness experience and before their second one,⁹⁶ and the final period being three months after the completion of involvement in the pilot project. The child care workers’ entries for every day in this period were subject to incident counts of the number of times specific targeted behaviours were recorded.

8.3.2 ABSCONDING

As a behaviour associated with a sense of Belonging and an ability to make responsible independent decisions, *absconding* was agreed to be an indicator of troubled behaviour. At the beginning of the analysis period, seven of the youth (N = 45) regularly absconded or truanted; that is more than once a fortnight. During the course of their respective intervention period for each group 11 youth were regularly involved in this. After the period eight (n = 33 because of discharges) of these youth were still regularly absconding or truanting but only one youth (a girl) has stayed away and not returned to the care of the Home.

Because of this increase in absconding the youth were also monitored in the three month period after they moved into mixed gender, mixed age units again. Truanting and absconding remained unchanged for the youth although almost no incidents of youth remaining out overnight are recorded – they tend to return to the Home to sleep at some stage during the night. The youth who are most prone to abscond are those who are struggling in their skills training (as they have left school) and who have almost no sense of what they want from their futures – in line with Bowlby (1988: 23) these youth appear to perceive themselves as insignificant and their attachments to adults as tenuous and unreliable.

8.3.3 COMPLIANCE WITH HOME POLICIES

In this count, truancy and absconding were ignored but other violations of policy (such as vandalism) were counted. Before the monitored period, seven of the 27 boys regularly violated the policies; during the period in the project units eight violated the rules regularly and in the three

⁹⁵ This coincides with the periods related to the IMC pilot project as youth were moved into the adolescent units for these projects and the differentiated policy of working with adolescents was initiated in these units and moved with the youth to the mixed age and gender units after the completion of the period in the IMC pilot project group.

⁹⁶ Again this is related to the IMC pilot project

month period after the pilot, eight of the remaining 19 youth regularly violated the policies. Again this was monitored for a further period to try and find reasons for this but the troubled behaviour remained constant. Using the case studies we identified that the most troubled youth had remained in care and thus although there is a percentage increase it is the same boys involved in the behaviour. What was asserted when the child care workers discussed these counts was that for some youth the behaviour such as vandalism had become more violent (and these youth appeared to be using dagga) while for others the incidence remained static but the severity decreased. The girls in the independent living unit have coped well and are not associated with this kind of behaviour – they demonstrate a greater ability to withstand peer pressure than do the others (Erikson 1977: 252) while the three⁹⁷ girls continuing to violate policies throughout the period are all in the units where there are also adolescent boys. The child care workers comment that their violation of policy is often related to sexual behaviour (Vander Zanden 1993: 397) or fighting and that other forms of troubled behaviour such as vandalism are uncommon.

Youth are only reflected as not complying with the rules and policy if the child care logs refer to this as a problem more than a couple of times a week in the period being looked at but this incident count (Silverman 1993: 9) does not provide the insight offered by a case by case consideration.

8.3.4 BRUSHES WITH THE LAW

Three⁹⁸ youth had a brush with the law in the three month period prior to the implementation of the policy although at least four youths admitted to illegal behaviour but said they “would never be caught”. One of these youth and two others were arrested for theft during the course of the monitoring period and three others arrested (but not charged) for drunk and disorderly behaviour. These were the incidents recorded in the logs but in group discussions and interviews the child care workers said that they thought that there were more incidents of theft than had been recorded and that if the use of dagga was taken into consideration there was a “fair amount of illegal stuff going on”.

⁹⁷ Two of these are the same girls throughout while the third changed – G’s behaviour improved while that of O got worse.

⁹⁸ Two youth were placed in the care of the Home after their criminal court proceedings were converted to Children’s Court Enquiries.

8.3.5 SUBSTANCE ABUSE

Of the 27 boys two were recorded as using dagga prior to the period; 5 during the period; and 6 immediately after the period and 6 three months later. Using urine tests for the presence of urinary cannabinoids⁹⁹ 8 tested positively during the period and only 5 immediately afterwards but for all 5 youth there was a decrease in the amount of cannabinoids identified in the urine. This drop was sustained for three more months and then at a further three month follow up 2 of these youth showed markedly increased cannabinoid levels and the others a further decrease. It appears that the youth may be using dagga when the child care workers are not aware of it and it must be noted that the child care workers admitted to not recording all suspected abuse because of fear of the consequences for the youth. It is evident that less dagga is being used. None of the girls was suspected of dagga use and none was ever tested although two experienced problems with alcohol on a regular (more than once a month) basis.

8.3.6 INVOLVEMENT IN TASKS ASSOCIATED WITH INDEPENDENT LIVING

This was measured by looking at how often the youth refused (as opposed to being reluctant) to do the chores associated with caring for themselves and their living space such as cooking and cleaning. Eleven boys regularly refused when they first moved into the units but by three months after they had moved out of the units only five were still regularly refusing. Of the girls only one regularly refused throughout the period – this young girl had previously lived in a unit in which there had been domestic assistance available and she felt that it was beneath her to do these chores. The youth who had been in units with limited domestic assistance coped best with the adjustment to not having any assistance at all although all youth eventually began to express satisfaction with the control they were being given over what they eat and how they manage their routines.

This experience provides for all of these youth concrete experiences (Brendtro et al 1990: 2-3) of Mastery (of the tasks of living) and Independence (from control by authority); Generosity and Belonging (from the impact of sharing your living space with others in such a way that you and they are responsible for how others experience the space).

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A reading of less than 25ng/ml is taken as negative. These were voluntary urine tests.

8.3.7 EMOTIONAL FUNCTIONING AND REACTION TO CRISES

It is difficult to begin to quantify improved emotional functioning as it is such a difficult concept to define. For the purposes of this study I have focussed on incidents of aggression; violence; extreme emotional reaction or any other such emotional response that appears out of keeping with the precipitating event. Where youth have reacted inappropriately only once or twice or where the extreme reaction has been to a major crisis, such as the death of a relative, these have not been counted. Especially in terms of violence and aggression the boys react less well to provocation with five carrying their poor functioning throughout the period and another six going through periods of poor and better functioning. These six all appeared to cope less well just before and just after a holiday period and all six either had nowhere to go for holidays or were exposed to difficult circumstances while away. The five who carried the poor functioning throughout were either youth who had been in care a long time or youth who resented being in care. Three of the girls carried poor emotional resources throughout the period while three more went through cycles. As with the boys, the girls who struggled most were those who had been in care longest. One girl who improved dramatically was placed in an independent living unit with only four other girls and immediately coped better in the smaller group.

9 CULTURAL NEEDS AND ROLE MODELS

The problems experienced by the child care workers in terms of sexuality education and their perception of the need youth have for appropriate role models, was addressed by the employment of the adventure trainer who is involved in sport and activities with residential care youth; the employment of a married couple in the predominantly adolescent male residential care unit and the arrangement for another black male staff member to supervise weekend activities with adolescent males. This has been successful, with the youth saying that it is good to have someone to speak to about the rites of passage and "other things to do with being a man" and one of the male staff members said "we spend a lot of time talking about what it means to be male". The child care workers who identified the need, report that they often call on the men and that it has released some of their stress by knowing they can refer boys to men especially in situations in which the boy himself and the child care worker feel that they are crossing cultural boundaries by discussing an issue.

10 YOUTH COUNCIL

10.1 IMPLEMENTATION

The Youth Council was implemented as it was planned in the design stage and met every month for three months after which it disbanded for a period. From the minutes of the meetings and interviews with the youth and staff involved, the problems experienced were:

- that the mandate was too narrowly focussed giving the youth very little to do and a very limited range of responsibility
- that the exclusion of the Izeli campus further narrowed the focus and made the Council appear meaningless to the youth who were involved and raised objections from those who were not
- that the staff involved did not have the time to keep the Council going and had no support from other staff who apart from feeling threatened had some cultural reservations about the process
- that the youth felt that although their individual child care workers were not resistant to the Council the child care workers did not appear to think that it had a real function beyond organising entertainment
- that other children and youth in the home did not understand what the Council was for and simply nominated the oldest teenager in their respective units and then forgot about the existence of the Council.

10.2 ASSESSMENT

Set up in the way it was, the Youth Council did not offer meaningful responsibility to the youth who were involved and the outcome was inevitable (Lochman, Wayland and White 1993: 136) as there was simply no motivating factor for being involved. It was thus an ineffective process as it did not increase the participation of the youth in the decision-making of the Home and offered no meaningful role for participants. While it is replicable in other contexts it would need to be set up with careful consideration of the reasons that it has failed especially the composition of the Council and ownership of it by the full staff group. The process of establishing a Youth Council is adaptable to other contexts as long as each context is able to examine the obstacles and to manage them more effectively. The fact that other systems such as Boys Towns (Loynes 1997) use Councils successfully is an indicator that they are possible in residential care contexts. The reality though, as already stated, is that Boys Towns are single gender organisations where

children and youth are only admitted if they have an IQ within the normal range and also where the Youth Council is part of a highly integrated peer control and management system (Loynes 1997). A Youth Council need not be complicated if careful attention is given to the interpersonal and political dynamics in the organisation. The practicality of a Council is thus determined within the context.¹⁰⁰ The Council was compatible with the values of the policy being implemented in the organisation but it was not compatible with the personal values and fears of the Xhosa-speaking child care workers who expressed that they believed it was a violation of the cultural position of youth and a potentially destabilising structure as described by Fawcett et al (1994: 36-37). These concerns were insufficiently addressed and the process was never fully owned as described by Cosier and Glennie (1994: 99). This was an instance in which the change was resisted because the risks associated with the unknown were perceived by the child care workers to “rock the boat” of their stability and security in the power relationships they had with children (Levine 1989b: 30). It is ironic that just at the time that the staff wanted more power in relation to management for themselves they were not willing to explore the power needs of youth.

The Youth Council as a concept was compatible with the values and customs of the youth who expressed appreciation of the recognition of their seniority in the system but it was not compatible with their existing capacity to take on leadership positions and without the support of the staff they lived with, the development of that capacity was not possible.

11 **SUBSTANCE ABUSE POLICY**

11.1 **IMPLEMENTATION**

The policy is contained in the Training Manual in the Appendix 1 and was implemented in early 1997 and remains in force. As recorded above there has been a decrease in the amount of dagga used according to the urine tests. Effectively, the policy has taken the youth out of conflict with the child care workers and other staff over the use of dagga and although there is still no condoning of the use of dagga it has been “decriminalised” in this context. A caution is to be found in this though – none of the six boys in the pilot project who were regular users of dagga have managed to remain at school and make progress – four have left school and two others

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Efforts are in place to resurrect the process but the child care workers’ buy in remains limited.

continue to attend (when not absconding) but are not making progress. Only one of them who is still using dagga has been able to sustain employment for more than three months. While the sample is very small it is suggestive of the demotivational capacities associated with the use of dagga. This perception was raised with staff who were not able to identify any other youth at the Home (who were not part of this sample) who were using dagga and were still coping at school or in skills training.

Thus, the effectiveness of the policy can be assessed as ambiguous – the decrease in the amount of dagga used is positive as is the willingness of youth to discuss their use with child care staff. There has however been very limited success in getting youth to stop using dagga and to engage in more motivated behaviour.

12 INDIVIDUAL DEVELOPMENT PROGRAMMES

12.1 LIFE SPACE ASSESSMENTS

From interviews with the six child care workers it has been established that the Life Space Assessments have the following advantages:

- access to a Xhosa translation means that they are able to completely understand the questions and are giving less irrelevant information
- it is clearer what is required to address the needs of the youth because the questions are focussed on real life aspects and dimensions of the child's life
- the lack of jargon makes the process easier to complete
- the understanding staff have of children is improved after the form has been completed
- the layout of the form is attractive and logical with the summaries at the end being very useful
- it feels professional for them to have a form designed for their context rather than to be using photocopies of other people's forms
- the content fits with their understanding of what developmental child care is about.

In these senses the Life Space Assessment has been experienced as being consistent with child care philosophy and with the improvement of staff competency as was also found by Beukes and Gannon (1993: 4); Harrington and Honda (1986: 29) and Maier (1991: 26).

The problems associated with the assessment format are:

- it is time consuming to complete and as so many children had not been assessed/reviewed in the 18 months prior to implementation there were many to be done immediately
- getting the information from schools and parents is not easy
- processing the information is time consuming and sometimes difficult.

In terms of the procedures set in place around which the assessments are being done, the child care workers say:

- it is difficult to keep up the pace
- involvement in writing the programmes helps them to understand what is required
- frequent reviews enable them to really think about what progress children are making.

The programme co-ordinators and campus managers indicate that the structure has assisted them with the transition to their new jobs as it made clear what competencies were required. They have also been concerned about the amount of time the process takes but described it as “professional and thorough”. In a six-month period between October 1997 and April 1998, the team managed to assess an average of four youth a week – given that this covers the break in December for school holidays, there have been more than four completed assessments a working week. This is in itself an indication of the extent to which the team has bought into the process because it means that for each manager and co-ordinator one programme a week has to be written and for each child care worker an assessment completed about once every two weeks.

12.2 ASSESSING USEFULNESS

In terms of the questions suggested by Fawcett et al (1994: 36-37), it is possible to conclude that the Life Space Assessments are effective in that they allow the child care workers to work within a framework that makes sense to them and they are able to understand why certain children need certain things. It is certainly replicable although it would be recommended that each context consider if it meets their needs in its entirety or needs additions or modifications. It is simple to use in that it is highly structured but it is time consuming. So far the use has been shown to be practical and once the backlog of assessments has been caught up it should take up less of the time of each person involved. It is compatible with the values and customs of the target population.

However, the IMC has recently implemented a nation-wide “Project Go” process designed to assess all children in the country in residential care and eliminate inappropriate placements. Part of this process has been the design of an assessment format which may be legislated as part of the mandate of residential care contexts. While such standardisation may go a long way to improving standards in many contexts and a long way to entrenching a developmental framework, it will deprive this Home of an assessment format which enjoys great support because it was generated within the context. More importantly, the child care workers assert that the Life Space Assessment was designed for them and its availability in Xhosa has been crucial to its success. Project Go would have to match this.

13 KING WILLIAM’S TOWN CHILD AND YOUTH CARE FORUM

13.1 IMPLEMENTATION AND PROGRESS

The Forum was initiated as planned by the team¹⁰¹ in the design process and has continued to meet on a monthly basis for a year now. Its success can be measured by for example, the fact that the local Rotary Club donated all the funds raised from a public address by Meyer Kahn (Chief Executive Officer: South African Police Services) to the Forum for disbursement to organisations working with youth at risk – it thus already has a profile in the community. Members cite the ability to speak openly without the hindrances of bureaucracy as one of its major strengths. Referral processes for diversion from youth justice processes have been streamlined; working relationships healed between some private welfare organisations and the provincial department and attention drawn to the requirements of the courts in terms of the content of reports for hearings. In a town where service providers rarely worked in a unified way the decision to ensure that all youth from a street shelter that was closed down should be placed within local organisations (and not placed outside of the region) is an indication of a shared commitment to good child care practice.

13.2 ASSESSMENT

The Forum has worked because it has met a need of all involved and has not been set up as a “management committee” for the Children’s Home. In each meeting the chair ensures that each

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Most of the planning was done by the social worker and one of the administrative staff.

member has gained something – either an answer to a question or an opportunity to explain a new procedure or service. This participation in all meetings has made individual commitment meaningful and has reinforced the importance of all participants (Kahn 1994: 44). Another contributing factor to the success of the Forum is the level at which it enjoys recognition within formal structures. One social worker said: “To see the magistrate take time to attend these meetings to really understand us makes me feel that I dare not miss this meeting”. That balance between official participation and representation from churches and private initiatives that are not even registered, results in a network that is truly inter-sectoral and truly effective.

14 SKILLS TRAINING

14.1 IMPLEMENTATION

In effect five strategies have been followed. The first is to provide skills training on the premises to youth still attending school, to increase their range of employable skills and to meet more immediate life skills needs of promoting self-concept and increasing skills such as concentration and perseverance. The second has been to provide skills training to youth not making progress at school who are nearing the age of discharge but who do not demonstrate the capacity to cope with the demands of work in a structured environment and require the support of child care staff during the training. Fourteen of the 45 youth in the pilot project group were withdrawn from school in 1996 and 1997 – some of them were eight years behind their peers at school with the minimum backlog being four years. Five of these were placed in training at the Home. This is aimed at increasing the likelihood that they will cope independently after discharge, in recognition that families are often not able to care for the child. The third strategy has been to find local businesses willing to offer apprenticeship type placements to youth who have withdrawn from school to increase their marketability by provision of both a skill and work experience. Five youth were placed in this manner. The fourth strategy has been to withdraw youth from mainstream schools and place them in technical colleges or other community-based training facilities so that they can gain skills and a recognised qualification. Four youth were placed in this way. The fifth strategy was to make skills training opportunities available to community youth. Eleven community youth benefited under the IMC pilot project and more than 70 have already benefited from the training offer under the auspices of the Life Centre.

The vocational/occupational skills offered on site were welding, woodwork, leatherwork, sewing and electrical. Youth placed in community businesses were exposed to either welding, framing or garage forecourt attending.

14.2 ASSESSMENT

The skills training offered to youth still at school (strategy one) has been well received with in excess of 60 residential care youth involved in one or other skills activity ranging from pottery, candle making, sewing, beadwork, baking and fabric painting to electrical skills, building and computer work.

The second strategy of removing youth from school if they were not making progress has had mixed success. The youth being trained on campus were not subject to the same discipline, in terms of punctuality and hours worked, as would be required at a college or in the workplace. The main trainer was a qualified child care worker used to working with troubled youth which meant that he was able to manage a great deal of troubled behaviour that would not have been tolerated in a formal setting. However, although the youth were able to master the welding skills being taught only one was able to work without supervision with the others stopping work every time the trainer moved away. Very little change was achieved with these youth. One was then placed in the Phand'ulwazi Life Centre programme for three months of life skills and has since managed to comply with skills training – under the supervision of a gardener.

The need for life-skills training to go along with vocational skills training is given further evidence in that in April 1998 of the 10 youth who successfully completed the first adolescent development programme in the Life Centre, seven completed the vocational skills training having been taught business/entrepreneurial skills and sewing/woodwork/leatherwork and electrical skills. All of these youth had been out of school for at least two years when the project started and none had managed to hold a job for more than a couple of weeks at a time. They have now managed to sustain involvement and commitment in a process for six months.

The use of volunteers in both strategy one and two, is cost-effective but unless they understand the needs of troubled youth there is often frustration and rejection of their poor concentration and

high need for attention and supervision. Although the pool of volunteers is small in the small town the screening has had to be quite thorough.

Difficulties were experienced in the community work placements (strategy three) as youth did not respond to the structure and routine required in the work environment. One of the work placements had broken down because the youth had struggled to cope with the demands of being at work on time, answering to a foreman and working a full day. Similar problems were being experienced in other placements but the managers were being supported regularly in an effort to maintain the placements and all others were maintained along with a commitment to accept youth in the future. Although it had been agreed that these were training placements and that the organisations would not pay the youth, all of them had been making small payments to the youth. A remaining concern was around the experience of the labourers and workers in these businesses, some of whom experienced the presence of the youth as a threat to job security and a violation of union agreements.

The occupational therapist recognised that if this kind of placement was going to be offered to more youth in the future it would need to be formalised with consultation with the unions and it would also be necessary to ensure that youth received adequate "work hardening" skills before the placements started.

Of the four youth, who remained in residential care and were placed in community technical colleges (strategy four), three managed to complete their first year of training successfully. Neither of the two youth discharged from care and placed in a technical college (where the Home paid the fees) completed their first year of training.

The fifth strategy was unsuccessful. Involvement of youth from the community in skills training without the support of the Life Centre and without their involvement in the Life Centre Adolescent Development programme failed. Attendance by the 11 youth was infrequent and compliance with the requests of trainers limited. In addition, the absence of a relationship between child care staff and the youth made support difficult. The 6:1 ratio youth to trainer was also experienced as unworkable given the troubled behaviour of the youth. Youth said that although they had been initially interested, they were not being motivated to see this process

through. Youth said (and staff confirmed) that there were long periods in each day when the youth were not supervised; where they were expected to work independently which they could not do and were (as confirmed by the boys themselves) bored. There had been an increase (according to the child care workers and other professional staff) in sexual and other harassment of the residential care girls and an increase in incidents of petty theft. The youth said that the residential care staff did not like them on the property and harassed them when the youth were “just being friendly with the chicks”.¹⁰²

Linking these community youth with the President’s Award Scheme – a project that enhances life and vocational skills for adolescents and youth, is community based and operated and is run under close supervision – was more successful with 40 youth (from the community and from residential care) becoming involved in this training.

Skills training is expensive and the costs associated cannot be met from the subsidy and fund raising income of a residential care institution which is funded on a per capita rather than cost or programme basis.¹⁰³

Sun International and the local Rotary have made significant and ongoing contributions to the development of a skills training centre on the campus. These contributions have included the donation of 10 shipping containers and the resources to convert them and a substantial contribution towards the equipping of these containers and a residential care unit that has been converted into a skills training centre. This centre has the function of providing facilities for the skills training of youth involved with the Home – residential and community. There is no doubt

¹⁰² “Chicks” is one of a range of colloquial sexist terms used to refer to women and girls.

¹⁰³ Up to the submission of the 1998/1999 Business Plan there had still been no confirmation from the government that the promised programme funding would be implemented. Instead the organisation continues to receive – a few months in arrears – a R 740 per capita monthly subsidy having lost the additional R38 per month they were being paid up to 1996. This represents about half of the costs incurred by the Home and leaves no room for funding skills training or any other innovative, community-based work. It has been rumoured that from 1999/2000 the Business Plans will be used for funding decisions but this is the seventh year in which this promise has been made. In September 1998 the national welfare department’s draft policy for funding, which has been drawn up over the last two years at great cost, was scrapped and a new process has been started which, according to the government, will be ready by April 1999.

that the partnership with these two major organisations is concrete and effective and will benefit not only the Home but also the surrounding community. A similar level of commitment has been evident from the smaller businesses in the area who, while not in a position to contribute in such a spectacular financial fashion, have made real contributions in their willingness to accept youth for job training and apprenticeship. Problems encountered here have been extraneous to the business owners and include things like union resistance to the employment of youth and legislation restricting the terms and conditions under which youth can be employed. It is recognised that there is a need for protection against exploitation but this needs to be balanced with providing the businesses with the latitude to take on unskilled youth in a training capacity.

This implies the latitude to pay less than minimum wages and this is where on-the-job training such as that initiated in this project starts to become complex. The businesses will not accept youth for training if they are required to pay much higher salaries than they are willing to pay at present as the youth have neither the technical skills nor the required "job skills" such as commitment to a work ethic and ability to work effectively over an extended period of time. If the businesses will not take on the youth because they are required to pay them at a recognised rate then the youth cannot be provided with the valuable *in vivo* experience. The other side of the debate argues that if businesses are not required to pay the youth at recognised rates they will opt to "employ" these youth rather than unionised labourers as the youth are a cheaper source of labour and have less centralised bargaining power. It is thus evident that careful and clear communication between the existing labourers, the employers and the Home is essential for a successful job placement programme. It is equally evident that this is a complicated issue.¹⁰⁴

To date (November 1998) the Home has not been able to achieve NQF registration of any of the skills training because of the expense of the procedure and the level of the skills required - just the demands of occupational health and safety make the process prohibitive under current funding constraints and thus accreditation is still a future goal.

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It was announced through the media (SABC 28/6/98) that the government was promulgating new legislation to encourage youth employment as part of its job creation policy. It is interesting to note that this legislation provides for similar processes to the ones used in this project and that organised labour have not been wholehearted in their acceptance.

14.3 INDEPENDENT LIVING UNITS AS A SKILLS TRAINING PROCESS

The “independent” living units were concrete manifestations of symbols of change to mark the transition from the dependency in the residential care units to “independent” functioning (Funani 1990: 24; Pinnock 1996: 7-8). These units are small flats where youth live with only indirect supervision from child care workers and where they are responsible for the day-to-day living functions in the unit including cooking, cleaning and getting ready for work or school. One unit caters for four young women on the campus – one attends school and the other three are in a college. So far all four have coped really well and there is a strong sense that they will be able to function effectively on their own once discharged. One has however said that she is not willing to return to her community as it is “dirty and they have no baths” – while she is able to function independently it is now in terms of a lifestyle that is dramatically different from her own community and the resistance to returning home is significant. Attached to one of the houses in the town is a small flat which allows two boys at a time, who are not attending school but are in work placements, to live independently.

The first two boys coped relatively well with one finding his own accommodation in town and another returning home. The next two have not coped as well with the major concerns being around lack of hygiene and an inability to get themselves to skills training and work without adult intervention. However, the periods in which these problems have been most significant are associated with the ongoing abuse of dagga and their feeling that hygiene is “not important – the mamas like to be clean every day but I don’t”.

The debate around this form of life skills training continues. It is not a traditional practice in African culture for youth to live on their own and thus there is some reluctance to expand this opportunity. On the other hand it is argued that most of these youth have been alienated from their families or communities and will thus not have any choice about living alone. The middle ground argument, which is most widely supported by the staff team, is that the skills of self-maintenance are important and can be practised by youth who have to live alone and those who take up roles within a group or family living arrangement. From this perspective the “independent” living units are important transitional experiences for youth.

15 COPING AFTER DISCHARGE

To assess the extent to which youth discharged from the care of the Home actually cope the 11 of the youth discharged at the end of 1996 were used as an initial sample – this was not the total of all youth discharged but covered all of those who had had some experience of living under the youth policy and those who were not simply placed deeper into the system such as the one who was discharged directly to an industrial school. Of these 11 youth, seven were interviewed in February 1997. Two others were not traceable as they had been placed out of the region and two declined to be interviewed.

From the seven interviews two youth said that although there were happy to be at home they would rather be back in care; as there was not enough food at home they were finding it difficult to cope. Five said they were happy to be at home; one of these said he was often hungry but it was more important to be at home. We managed to trace six of the seven again in May 1997 but only three agreed to be interviewed – they were all traced to Duncan Village (East London). One – who was clearly not coping in February 1997 – had settled into a sheltered workshop and was doing well living with his mother after her discharge from hospital. He said that he and his mother were sometimes hungry but that he was being fed at the sheltered workshop and he was happy to be at home¹⁰⁵. Plans were being made for them to be joined by a younger sister who was still in residential care after an additional room was built onto their shack. This building was funded by the Home. An application for a disability grant was underway but had been delayed along with thousands of other social security applications in the Eastern Cape.

One of the young women was still attending technical college and was making good progress according to her and her sister. She was however having difficulty in getting to college because of the cost of taxi fare. We traced her again in June 1997 and found that she failed almost all of her exams, refused to return to college and was working as a domestic worker.

¹⁰⁵

This youth was killed – stabbed and declared dead on arrival at hospital – in an argument with another youth (the brother of one of the other discharged youth) late in 1997. They had been fighting about food and/or clothing. His sister has remained in care. It is to this youth, and all that his life and death symbolise, that this thesis is dedicated.

A third youth (also a young woman) had run away from home after being threatened by the wife of a man with whom she was involved. Her family reported that efforts to trace her were successful but that they have not been able to convince her to come home. She no longer attended school.

Although other discharged youth would not be interviewed we established the following from their parents or from neighbours:

- three were still attending school in East London
- one had found work as a casual labourer on a farm where his uncle worked
- one had returned to a street shelter
- one had been placed by his parents in an industrial school (private placement)
- one was married and had had her baby; she had moved to Queenstown.

The most obvious difference between the youth who have remained at school and those who have not is the nature of the socio-economic environment in which they live. None of the families are wealthy but the three who have remained at school all live in formal brick houses in a neighbourhood of the town of East London. The three in Duncan Village live in crowded areas with one living in a shack. The distinction is also racial but it is more importantly an issue of poverty. Of the youth returned to circumstances of poverty, only the youth who had found work as a casual labourer was better off than he had been while in care.

No post-discharge care is provided by the Home¹⁰⁶ and no social worker from the original placing agency has made any contact with any of the youth since discharge. One youth came back to the Home because he was starving and his mother was in hospital. The only other services offered have been by student social workers to six of the youth and these resulted in a protected workshop placement of one youth being preserved by the intervention. In two instances violent family relationships were mediated by the students. In the only family where these services were

¹⁰⁶

Each of the Business Plans that have been submitted for the last seven years sought funding for the employment of two child care workers to offer post-discharge services and support and education services for families of youth still in care. While the per capita funding system stays in place the Home cannot afford to employ people in this capacity.

refused the youth was placed by his family in an industrial school three months after his discharge from the Home.

These case histories validate the literature assertions linking post-discharge care to successful transition and that indicate that youth whose families receive services while in care cope best on discharge (Ichinose, Kingdon & Hernandez 1994: 205-208; Shealy 1995: 576; Shostack 1988: 36).

Chapter 6

Collaborative evaluation

1 INTRODUCTION

Because the Development stage is understood as a cycle of ongoing refinement the Evaluation phase in this model is not one of “advanced development” as referred to by Rothman and Thomas (1994: 11). Instead it carries many of the elements of the Dissemination phase where the team is required to consider how the innovation can be made available to others working in the field (Corrigan, MacKain & Liberman 1994: 318) and this would involve addressing questions about constraints (from within the programme, from within the institutions and from practitioners) and seeking ways of overcoming these (Corrigan, MacKain & Liberman 1994: 319-338). This process is essential when working collaboratively (Archer & Whitaker 1994: 183) because the usual way of making material available through academic publications does not often spread the use of the innovation in the field. By disseminating directly to users the team is enabled to find out how their application is received and of what relevance it is to other settings. Not only is this often affirming but it leads to an ongoing process of examining the intervention and developing it within its original context.

Evaluation then, is a final process of synthesis in which the findings in the Development stage are placed against the context of the literature, practice wisdom and the original design so that decisions can be made about how to carry the process forward. This chapter describes the steps in the Participatory Developmental Research model as indicated in Table 21.

The Development stage carried the implementation and refinement of the technology through a twelve-month period. The purpose of the Evaluation stage is to assess the programme as a whole – this was done by evaluating the programme, writing a Manual and by arranging for its dissemination to other Children’s Homes and to the NACCW for peer review because peer review is an important element in the development of a technology.

Table 21*Collaborative Evaluation: Participatory Developmental Research*

Stage	Processes and tasks
Collaborative evaluation	Evaluate all aspects of design using Heron's (1996: 170-171) criteria Refine model in form that can be used by others Disseminate for comment and evaluation Implement in other sites if possible Plan the sustainment of the practice in original site (way forward)

As Corrigan et al (1994: 318) argue, there are three sources of barriers to the wider dissemination and implementation of validated intervention programmes. The first is within the intervention itself; the second is related to the institutional constraints and the third to staff limitations. By submitting the Manual to other organisations it becomes possible to assess which, if any, of these constraints are in place. While interested in the peer review, the team in this study viewed it as of secondary importance as they perceive the Manual as being very context specific and of greatest importance to them.

It was important therefore in the context of the participatory nature of this research to use the dissemination process in a way that it had a function of direct benefit to the organisation – not just the researcher. The team – especially the child care workers – felt that, for the organisation, peer feedback provided opportunities for learning, by developing an understanding of how the intervention is perceived in the wider community, and that this could lead to further growth of the intervention within its original context, in line with the suggestions of Archer and Whitaker (1994: 183).

In Table 22, essential elements of evaluation from Rothman and Thomas (1994: 11) and Nel and Nel (1992: 16) are contrasted with the Participatory Developmental Research Model while in Table 23 the activities of dissemination from the Rothman and Thomas (1994) model are contrasted with the tasks in the Participatory Developmental Research model.

Table 22*Evaluation: three models*

Rothman and Thomas (1994: 11)	Nel and Nel (1992:16)		Participatory Developmental Research
Activities	Methods	Requirements	Tasks
Plan evaluation in the light of the degree of interventional development Select evaluation methods	Determine how easy the project is to evaluate	Plan evaluation	
Carry out pilot evaluation	Evaluate implementation (degree to which this is consistent with the plan)	Collect evaluation data	Evaluate the implementation using Heron's (1996: 170-171) technical, executive, psychosocial, intentionality and value criteria
Carry out systematic evaluation	Evaluate impact (extent to which measurable objectives are being reached)		
Revise intervention as necessary	Evaluate cost- effectiveness		Refine model in a form that can be used by others
	Evaluate the use – how much is this being used in practice		

Evaluation as an activity occurs throughout the Development phase (Nel & Nel 1992: 16; Thomas 1994: 268) as the researcher, or in this case the team, seeks to answer through reflection (McKernan 1991: 29) the questions of whether the innovation in its current form should be regarded as effective or whether additional work is to be done. Some of the specific questions (Nel & Nel 1992: 17) that need to be answered are:

- Has this innovation been set up in such a way that it is possible to evaluate it – are the elements in place that make it possible to evaluate implementation?

- Is the innovation being implemented according to the way it was designed? If not are the findings of the evaluation related to the innovation as it was designed or as it is being implemented?
- What impact is the innovation having in terms of the goals it is reaching? Why are some goals being reached and not others?
- How cost-effective is the innovation?
- How widespread is the use of the innovation?

Table 23

Dissemination tasks: two models

Rothman & Thomas (1994: 11)	Participatory Developmental Research
Activities	Tasks
Assess needs and points of access of potential consumers Formulate dissemination plan Design and develop appropriate implementation procedures Prepare user-ready innovation for potential consumers Develop means and media to reach potential consumers Test use of innovation in a test market Monitor and evaluate use Revise innovation as necessary Develop and conduct a large scale dissemination as appropriate Repeat above steps as necessary	Disseminate for comment and evaluation Implement in other sites if possible Plan the sustainment of the practice in the original setting

2 EVALUATING COLLABORATIVELY

Heron (1996) does not use the word evaluation.¹⁰⁷ Instead he refers to the processes of validation arguing that validity is “is a precondition of rational discourse ... in any domain of knowing” and it has no “inherent connection with either objectivism or power” (Heron 1996: 158). The

¹⁰⁷ “Evaluation” is not listed in the index of either Heron (1996) or Reason (1994) which is indicative of the position that “evaluation” is often an externally directed process or at least one associated with a top down hierarchy which is incongruent with the participatory approach.

outcomes of any co-operative inquiry are valid if they are well grounded in the forms of knowing that are part of the inquiry. Thus validation in a co-operative inquiry designed to improve practice involves assessing the extent to which the outcomes provide evidence of sound practice criteria such as technical proficiency, value congruence or psychosocial intentionality. Heron (1996: 170-171) offers a list of criteria from which any co-operative group can choose the most relevant for their practice innovation. In practice not all of these would be useful (or practical) but from a research perspective most provide a useful, co-operative schema for what we have termed evaluation.

The criteria which the team used in this study are:

Executive criteria

- Can practitioners carry out the innovation and sustain this over a significant period of time?
- Are they able to carry it out comfortably?

Technical criteria

- Does the practice have the effects that are claimed for it – is it possible to assert that certain outcomes will result from the practice?
- Is this practice the most effective way of seeking this outcome or is there a more effective way?

Psychosocial criteria

- Is the practice congruent with sound psychological principles or does it carry with it inappropriate psychological motivations?
- How free is the practice from the restrictive pathology of the organisation itself? Does it contribute to the social structure and is it organisationally sound?

Intentionality criteria

- Is this practice in place because the practitioners intend a certain outcome or is it reactive to a specific event or set of circumstances?
- How are the practitioners able to maintain congruence between the practice elements in terms of its purpose, norms, strategies and context?

Value criteria

- Does this practice contribute to personal and social transformation that is congruent with the value framework of the inquirer?

- Does the practice support basic human rights?

(Adapted from Heron 1996: 170-171)

This process of validation is thus embedded in a value framework but it uses the value framework of the inquiring team rather than of the researcher or simply of some external norm-setting organisation such as, in this case, the IMC.

Agreement between all the members of the team is needed to indicate a validated finding but it is accepted that this agreement is not an agreement about identical representations or practices. Instead, agreement is about varied perspectives on common practices held within a common domain of inquiry (Heron 1996: 175). Expressed simplistically: that which is sought in the validation process is an agreement of all involved about the effectiveness and efficiency of outcomes and processes. From this should flow agreement about a rational process of taking the agreement forward into new action.

3 **TENTATIVE ASSERTIONS BASED ON EVALUATION**

A study group of 45 youth is small from any quantitative perspective and findings generalised from such a group to a wider context could be subject to the criticism of ecological fallacy – the assumption that what holds true for the group relates to the wider population from which the group is drawn (Seaberg 1985: 133). This study does not claim that that which holds true for this population will hold true for any other but because of the groundedness in the value framework of the co-operative process (Heron 1996), it is being asserted that the validity of the findings may have some relevance for similar settings. A further problem with drawing conclusions of any form lies in the great variability of the individuals studied (and indeed of any individual). Reason (1994: 39) warns against “decadent individualism” which is related to the assumption that individuals are independent in any meaningful way from their context. He argues that while it is essential to view the individual as unique, it is equally important to view the individual as symbolising part of the context.

This study has used the case studies; co-operative discussions and workshops; Life Space Assessments and Goal Attainment Scales and various forms of records and reports to seek a

shared understanding of a complex reality. The “conclusions” presented below are thus viewed as valid (in the sense of the term used by Heron in 1996) though tentative.

After the general statements made about the contribution of this study to research and practice knowledge some of the validations of specific aspects of the “technology” are presented with direct reference to those of Heron’s (1996: 170-171) assessment criteria that apply.

The *research methodological* contributions are:

- Developmental research can be adapted for use in residential care contexts where large transformation is being achieved rather than focussed innovative development.
- Developmental research can be used collaboratively.
- In the process of transformation of South African contexts, the Participatory Developmental Research Model can make a particularly important contribution especially if attention is given to power and political dynamics and creative ways of working with different educational and language proficiencies.

The contributions to *practice knowledge* made by this study cover the following areas:

- Adventure training has value in the work with troubled youth but this value is context specific and is related to the individual needs of the youth concerned.
- Independent functioning for youth in care can be promoted in a number of ways. These include the development of a policy which informs the way youth are worked with in residential care; the provision of independent living opportunities; life and vocational skills training and the provision of after-care services.
- The cultural needs of youth and staff must be dealt with in any integrated living context and this includes the provision of role models and attachment figures for youth from their own culture.

- The empowerment of staff in a residential care context must take cognisance of more than the provision of skills. Lack of power in the organisation is sometimes linked to language but also to the systems and processes that determine how the organisation functions.
- The social context of poverty cannot be ignored. The creation of enabling situations is imperative in contexts where poverty is present. The question about “good enough” care and the impact on families of placing children in care when this separates them from their lifestyles continues to be asked.
- National policy imperatives must be translated within each context before their effectiveness and efficiency can be debated.
- Monitoring the development and progress of youth can be done developmentally using the Life Space Assessment and the Goal Attainment Scale but only when these are owned by the staff using them.

4 **PROMOTING INDEPENDENCE IN RESIDENTIAL CARE CONTEXTS**

Adolescents require an environment that will enable them to meet their developmental tasks (Brendtro et al 1990) and will promote their competence (Maluccio 1991: 50; Searight et al 1989: 863) in the tasks associated with transition to adulthood. This technology achieves this by:

- creating in residential care units maximum opportunity for all youth to care for themselves and allowing them to experience the consequences of not doing so (Berliner & Benard 1996; Brendtro et al 1990; Lochman et al 1993: 147; Miller & Cosgrove 1989: 991; Shostack 1988: 36)
- assessing the appropriateness of the education offered to youth and removing youth from mainstream schooling where their development will be better promoted in occupational skills training (Child and Youth Care January 1997: 17; Shostack 1988: 36; UN Convention: Article 32)

- creating for some youth independent living units where they are able to care for themselves entirely but within a protected environment (Brendtro et al 1990: 7; Pinnock 1996: 33)
- viewing troubled behaviour in a non-punitive fashion and setting policies that do not bring youth into conflict with the law, such as the substance abuse policy (Jensen 1985: 418; Vander Zanden 1993:397)

All of these are designed to normalise the residential care experience (Taler 1991: 158) by providing real life experiences for youth before they are discharged. Developmental care is promoted in terms of the differentiated opportunities offered to youth depending on their particular needs (not all are placed in independent living units) while taking cognisance of the general life stage demands (Mwamwenda 1995).

The child care workers and other members of the team have been able to meet many of Heron's (1996: 170) criteria. The *executive criterion* has been met (Heron 1996: 170) in that the staff have sustained working in this model for more than 12 months and most have been able to accept this model as congruent with the purpose of the work. The *technical criteria* which refer to the practice as having had the effects it wanted to have, and having had these effects in the most effective way possible, are supported by the data presented in the Development chapter which illustrates that the youth policy has had generally positive outcomes for the youth but that for some youth it is not enough and the troubled behaviour has not been reduced. Effectiveness may be increased by providing more independent living units and by increasing the ability of the staff to work consistently within the model. Effectiveness is also asserted by the fact that none of the youth have taken on such troubled behaviour resulting in a need for them to be moved to more restrictive environments.

Given that the IMC (1996c: 5) asserts that most of the children placed deeper within the child care system are victims of abuse or neglect and that 50% of youth in Reform Schools¹⁰⁸ are

¹⁰⁸

A Reform School is a residential care facility where youth convicted of crimes through the Youth Justice system are sent and where youth already within the residential care system at another level are referred if their behaviour is viewed as "out of control".

transfers from Schools of Industry¹⁰⁹ and that most youth in Schools of Industry could be in Children's Homes, the programme at this Home is keeping youth in the least restrictive level possible of the residential child care system. It is thus a major indicator of effectiveness that no youth have been placed deeper in the system during this period.

What is evident is that the practice of the Home is firmly in line with sound psychological principles as required by Heron's (1996: 171) *psychosocial criteria* – staff work within the Brendtro et al model (1990) consistently, for instance. The youth policy and the skills training programmes provide youth with an opportunity to work on self-identity issues (Erikson 1977: 234). For those youth who have been able to achieve a stable sense of self and are beginning to negotiate independence from the adult world in a responsible manner (Winnicott 1965: 81), the independent living units and the aspects of the youth policy requiring self-control, promote a sense of autonomy (Jensen 1985: 229). The environment in which the youth lives provides most of the elements described by Brendtro et al (1990: 2-3) as being part of a reclaiming environment and by Berliner and Benard (1996: 4) as promoting resilience.

These elements include a sense of Belonging where youth are given many avenues for meaningful relationships in small groups and with different but consistent adults. Opportunities for Mastery and competence are provided in the skills training and self-care, and in the mixed age units providing youth with responsibility for younger children promotes an ability to look beyond themselves. Adolescent risk taking is not pathologised as non-punitive measures are used to control behaviour. In decisions to remove youth from school and place them in vocational training, there is evidence of real consultation with youth about their futures.

The *intentionality criterion* of the practice is confirmed although limits are placed on this process by the complexities within the organisation (Heron 1996: 171) where staff insecurity about the Youth Council results in limited participation in the Council by staff and youth (Lochman et al 1993: 147; Miller & Cosgrove 1989: 991) and thus in limited developmental gains from that

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On a continuum of restrictiveness a School of Industry is a residential child care facility that is more restrictive than a Children's Home but less restrictive than a Reform School. Youth are sent to this kind of facility by Children's Courts or Youth Justice facilities or from another level of the residential care services.

system. Nevertheless the general practice is not reactive (Heron 1996: 171) and aims to meet the developmental needs of youth based both on general developmental literature and on the circle of courage of Brendtro et al (1990).

The practitioners are able to maintain congruence between the practice elements in terms of its purpose, norms, strategies and context (Heron 1996: 171) by the processes of the participatory “sense-making” of shared and individual experiences (Traylen 1994: 74) where the staff team debate in weekly meetings the extent to which their actual practice is based on the principles they hold.

Heron’s (1996: 171) *value criteria* are reflected in adherence to the list of principles of the IMC (1996a) policy document which has been enshrined in the preamble to the Homes new constitution.¹¹⁰ It is thus possible to explore each decision and action strategy in terms of its congruence with the values being pursued (Heron 1996: 171). The human rights framework as expressed in the United Nations Convention on the Rights of the Child is entrenched in this practice including the articles on the best interests of the child (Article 3), parental guidance and the child’s evolving capacities (Article 5), periodic review of placement (Article 25), education (Article 28), leisure, recreation and cultural activities (Article 31). The material presented indicates that the staff are able to ensure that their practice reflects these values.

5 ADVENTURE TRAINING

The experience of this Home has shown that adventure training/wilderness experiences offer an important dimension in the intervention packages of residential care institutions but they are not a panacea (Smith 1987: 213; van Welzenis 1996: 5). The experience should be structured for individuals or specific groups if it is to meet specific goals for that group (Ewart & Heywood

¹¹⁰

In May 1998 a group of pre-adolescent boys were involved in sexual activity with a group of pre-adolescent girls. In the crisis reaction the child protection unit was called and charges laid against the boys. However, in later analysis of the situation it became clear that this reaction did not promote restorative justice; it pathologised the troubled behaviour and excluded the children and families from the decision-making. A process of consulting with the families of the boys and girls was set in place and counselling sought to understand how the situation had arisen. The result was increased support for the boys and an effort to mediate with the police and prosecutors on their behalf. The rights of the girls were protected and their wishes in terms of the legal processes considered.

1991: 595). Individual differences should be catered for and not all youth should be expected to participate in 14-day Outward Bound type experiences Mixdorf & Paugh 1989: 39). For youth with healing or treatment needs the training of the adventure experience facilitators should include basic training in child and youth care and exposure to developmental theory (Gamble 1997; Outward Bound; Pinnock 1996: 7-8). Without concrete follow-up in the life space after the wilderness experience it is unlikely that youth will transfer learning from the wilderness to their life space (Outward Bound). Attention should be given to the cultural and social concerns and needs of youth when embarking on wilderness experiences and the expressed concerns of youth should be taken seriously. Youth with limited intellectual abilities or severe emotional or behavioural needs should either have a programme designed for them specifically or should not attend wilderness experiences that create high levels of stress. If programmes are tailored for their needs then staff training is particularly important. Flexible use of the wilderness/natural environment is recommended with youth having access to graded experiences ranging from short experiential activities to full courses extending over 14 days (Mixdorf & Paugh 1989: 39). This flexibility is in line with the demands of the *value criteria* (Heron 1996: 170).

In this way it is clear that the application of the *executive criteria* (Heron 1996: 170) suggests that the practitioners are still dependent on Outward Bound; that Outward Bound is able to meet its own objectives but that something additional or different is needed within this context. The wilderness experience appears to impact positively on some youth (*vis-a-vis* Heron's (1996: 170) *technical criteria*) but the application of this practice only within the format of the Outward Bound experience is inadequate. All the wilderness experiences met the requirements of Heron's (1996: 171) *psychosocial* criteria in that the experiences were structured to maximise the use of proven principles. In terms of the transfer of learning from the wilderness experiences to residential care there has been limited success in meeting the *intentionality criteria* (Heron 1996: 171) which suggests that the practice may be reactive: it only happened because it was part of a plan and not because staff continued to believe in it.

6 EMPOWERMENT AND INTEGRATION.

As already stated, it is the reality of the South African context that most child care workers do not have child care qualifications with the situation in Schools of Industry reflecting that only 11% hold even the most basic qualification (IMC 1996c: 24). The IMC (1996c: 26) also reports

that in State organisations there has been limited racial integration of children – especially into previously white institutions – and that staff integration is almost non-existent meaning that very few black children have access to care staff of their own culture. While private organisations may be different, there are numerous examples (especially of previously white organisations) of the integration of races (children and staff) being limited. This Home has pioneered this integration, with the staff and child profile reflecting the demography of the country, but with the management still being predominantly white.

As stated, seventy percent of all the child care workers in this Home have at least a basic qualification in child care. The only black staff to have university-level qualifications in 1998 are the social workers – partly because no university degree-level courses have been available in child and youth care but it is also significant that none of the black child care workers (in residential care) have completed the university certificate. Five white staff members have completed the latter and three have university degrees. Thus in a system where white management dominates, the black staff are further disadvantaged educationally. Of the six child care workers in the study group only one professed to be comfortable with the use of English; only one of the white staff (an administrator) speaks Xhosa. Language thus provides an additional barrier to influencing decision-making.

This study has shown that restructuring the organisation to include black managers has assisted in some respect but the most important contribution to the empowerment of black staff was provided by the diversity training experiences and the assertiveness training. This training combination, along with the structures such as the representative forum, have altered the management and functioning of the organisation's *culture* (Adedeji 1990: 41; Boon 1996: 33; Obasanjo & d'Orville 1990: 9) as well as its practice by providing staff with insight and skills to actualise the changes they planned. It is necessary to highlight that none of this would have reflected real transformation without the atmosphere of warmth and mutual trust referred to by Levine (1989a: 5) as it is clear that differences still exist and are significant. The functioning of the trans-disciplinary team where the social workers and occupational therapist (traditionally "senior" professions) report to the child care team and to the residential care manager (a child care worker), has made it possible for a real shift in roles and focus as also found by Barnes

(1991: 134) and to an increase in the mastery of the programmes being implemented as was suggested by Wozner (1991: 261).

What is most apparent from this angle of evaluation is that the practice of the Home is value based in line with the *value criteria* (Heron 1996: 171) and that the outcomes can be demonstrated in line with the *technical criteria* (Heron 1996: 170). It will take time for the full *intentionality* of future practise (Heron 1996: 171) can be asserted as in a sense the changes are maintained because of the current emphasis on them. Only a long-term study will indicate how the practitioners are able to stabilise these gains and sustain them in terms of the *executive criteria* (Heron 1996: 170).

7 COST-EFFECTIVENESS

Table 24 illustrates the per capita cost of the IMC project as an illustrative indication of the per capita cost of residential care offered by this Home. There is limited value in interventions in residential care that increase the cost of caring for youth as there is an ever decreasing pool of resources and State funding is not increasing. The IMC budget for the pilot project in which the study group (N = 57)¹¹¹ was involved was R1 125 426,15. The amount of R101 468,15 (B) which is excluded from the calculations was not only spent on the 57 youth concerned but on all the children in care and all the youth receiving services at the Life Centre and was spent after the 18 months of the pilot project. Only 45% of the total amount of R1 023 958,20 was spent on salaries (significantly below what is expected in any operation) and it is thus not unexpected that the organisation experienced difficulties related to staff overload and motivation.¹¹²

As not all of the youth spent the full 18 months in residential care, and as the 12 community youth received no residential care services at all, it is not possible to calculate a completely accurate per capita cost. On average, 40 of the 57 youth per month were receiving full services (were resident

¹¹¹ Note that the 45 residential care youth reported on in this thesis were part of a larger group which included 12 community youth who received skills training and exposure to Outward Bound, making a total of 57 youth reached over the 18 months.

¹¹² It has been argued that the reason that staff (social workers and child care workers) struggled to complete assessments or to implement programmes during the IMC pilot was that they had too much to do. This falls outside of the ambit of this thesis.

in the residential care programme) which includes the costs of staff salaries, staff training, food and clothing for the youth, education, travel and the provision of other services such as medical care when needed. These youth were not covered by the subsidy amount in these months.

Table 24
Calculating per capita costs

Item	Amount (Rands)	Explanatory comment
Total budget for the IMC pilot project (A)	R 1 125 426,15	
Amount unspent at the end of the 18 month period (B)	R 101 467,95	This money was given to the Home by the IMC to use to develop adventure training through the Educo partnership after the completion of the IMC pilot project.
Total amount spent during the 18 month pilot project period (C)	R 1 023 958,20	This is the total budget minus the unspent amount: $A - B = C$
Average monthly per capita cost for 40 youth (D)	R 1 422,16	On average there were 40 youth in full residential care in any one month of the pilot period of 18 months. Others were not in residential care or had been discharged or had not yet been admitted. $(C \div 18) \div 40 = D$
Amount paid to Outward Bound (E)	R 147 815,00	This represents the cost of all the Outward Bound courses and Outward Bound training costs for staff.
Residential care cost (F) (excluding Outward Bound)	R 876 143,20	All money spent on these youth – including staff salaries and training, food, clothing, education, travel, vocational skills training for the youth. This represents ordinary expenses excluding adventure training. $C - E = F$
Average monthly per capita cost (G)	R 1 216,87	This is the average “real cost” of caring for youth and it includes the cost of salaries etc. $(F \div 18) \div 40 = G$

Thus, the average per capita per month cost for youth in residential care during the researched time period is R1 216, 87 (which excludes the cost of adventure training).

The material presented in this thesis supports the contention that this period had some significant positive outcomes for the youth involved and that the organisation as a whole has grown considerably in this period. On a simple cost-benefit analysis it is fair to conclude that the cost of R1 216 per youth (excluding wilderness experiences), which is just a little more than half of the cost to the State per child per month for youth in State institutions which was given as R2 327 per month or R75 per day in 1996 (IMC 1996b: 11), is both an effective and an efficient use of resources. This thesis has argued that this process is ongoing and it is thus necessary to project cost into the future. The cost-effectiveness of work done in this Home – relative to the cost of residential care offered by the government – has been established. To date (November 1998) there is no guarantee that the government will be able to implement a new funding policy in the 1999/2000 financial year although it is rumoured to be intending to do so. Given that subsidies have not increased in the last five financial years the projection into the year 2000 is bleak. By then, it is estimated by the Director of the Home (Pitt 1998), the per capita monthly cost to this Home for residential care services alone, would have risen to R1488 per month – less than half of which will be met by a government subsidy. If the Home intends to maintain skills training, the Life Centre, the community creche or any other community based activities it will require at least an additional one million rand a year. Together these make up an impossible private fund-raising target for a facility in the Eastern Cape. It is thus arguable that this Home is able to offer a cost-effective service, but that this service – residential and community-focused, in line with the policy of transformation – is not sustainable unless a new funding policy is effected.

This assessment supports Heron's (1996: 170) *technical criterion* of effectiveness in terms of responsible use of resources by this Home, but the question about future sustainability cannot be addressed without the co-operation of the government.

8 QUALITY OF INTERNAT LIFE: A SECOND VISIT

Although the Quality of Internat Life Map (Wozner 1982: 1064) has limited day-to-day usefulness in the Home because of its complexity (its initial use assisted in the problem analysis and design), it is presented in Table 25 (page 203) to amply illustrate the amount of progress made in, and by, this organisation. The progress of the Home in many of the fields is noteworthy.

9 WRITING THE MANUAL

The team summarised the information that had been pulled out of the collaborative evaluation and the development stage and tasked the researcher to write the report as some said they did not feel able to do so and others indicated they were too busy. This departure from collaborative work is uncomfortable but I drew from the work of Traylen (1994: 80) who also undertook the writing of the report for her group but kept the collaborative relationships alive by feeding draft reports to the group for critique. By using this process the team retained responsibility for both the content and the spirit of the Manual and I support Traylen's (1994: 80) assertion that the group functioning in this way "were tough critics and ensured that what I wrote was valid".

10 DISSEMINATION OF THE MANUAL

Following the steps of Rothman and Thomas (1994: 314) the process of disseminating the Manual was completed. The Manual and the report on the IMC pilot were sent to the IMC and to the NACCW and were accepted. Through the IMC the report and the Manual were made available to the public with at least 200 copies of the final report being printed.

I considered it necessary however to get some direct feedback from other Children's Homes in order to assess the relevance of the Manual to their day-to-day work experience. Ten Children's Homes that were corporate members of the NACCW, and that subscribed to the NACCW journal, were purposively sampled (Seaberg 1985: 145) and approached for assistance in reviewing the Manual and completing an associated questionnaire (point of access – Rothman & Thomas 1994: 314).

These Homes were chosen because they were understood to have similar histories (and therefore similar transformation needs) as the site in which this study took place. Eight agreed to complete the review, two cited workloads¹¹³ as the reason for not returning the questionnaires but sent letters saying that the Manual was an important contribution to child care and that they were looking forward to having the time to peruse it more carefully.

¹¹³

At the beginning of 1998 the government required all residential care facilities to complete detailed questionnaires on each youth in care. This process called "Project Go" was aimed at releasing the blockages in the system by assessing whether children are appropriately placed and advocating speedier returns to the community. This was an enormously time-consuming process for all facilities and contributed directly to resistance to tackle anything else.

Table 25

Quality of Internat Life Map (Wozner 1982: 1064): a time scale comparison

MODES OF FUNCTIONING	FIELDS OF FUNCTIONING			
	Personal Psychological	Physical	Social	Cultural
Expression	<p>Self expression: fulfilment of personal choices. Goal attainment</p> <p>Oct 1996: decisions not carried through Jan 1998: new structures in place and decisions usually carried through</p> <p>I</p>	<p>Control of physical environment</p> <p>Oct 1996: youth centred Jan 1998: youth centred</p> <p>V</p>	<p>Achievement of social position</p> <p>Oct 1996: limited community contact Jan 98: community contact still limited but living arrangements help</p> <p>IX</p>	<p>Landmarks in culture, art and religion. Achievement of the Internat with respect to values</p> <p>Oct 1996: culture of child care Jan 1998: broader recognition of culture</p> <p>XIII</p>
Adaptation	<p>Utilisation of facilities for relaxation, recreation and enjoyment</p> <p>Interaction between the internat and the environment</p> <p>Oct 1996: facilities youth centred Jan 1998: greater effort to meet needs of youth for recreation</p> <p>II</p>	<p>Consumption of physical objects such as food, clothing, shelter, energy, art, knowledge and understanding of the environment to enhance such consumption</p> <p>Oct 1996: some sense of responsibility but no policy Jan 1998: policy in place but not always followed through</p> <p>VI</p>	<p>Use of settings for the conduct of social, economic activities (including place of employment)</p> <p>Oct 1996: willing to adapt for project but problems eg social work space Jan 1998: more careful planning, more adaptation</p> <p>X</p>	<p>Use of cultural instruments eg books and theatre exhibits</p> <p>Oct 1996: Western culture dominates Jan 1998: real effort to develop cultural awareness</p> <p>XIV</p>
Integration	<p>Mental health, mental balance</p> <p>Interaction amongst characteristic parts of the internat</p> <p>Oct 1996: race issues being ignored Jan 1998: race and diversity being dealt with directly at staff level; still little direct work with youth.</p> <p>III</p>	<p>Physical health, sexual competence and control</p> <p>Interaction among various physical parts of the internat</p> <p>Oct 1996: problems around sexuality education Jan 1998: one youth pregnant; more attention to sexuality education</p> <p>VII</p>	<p>Grasp of the social environment; congruence between social roles</p> <p>Compatibility of roles within the internat</p> <p>Oct 1996: social role models a problem as are staff roles Jan 98: still no new white child care workers but other issues addressed</p> <p>XI</p>	<p>Grasp of values; congruence of value systems in the culture: feelings of moral and conscientious integrity.</p> <p>Oct 1996: superficial integration Jan 98: deeper integration of staff; progress for youth still in question</p> <p>XV</p>
Conservation	<p>Self-identity; stability of the psychological self</p> <p>Distinctness of the internat</p> <p>Oct 1996: sense of uncertainty about identity Jan 98: still problems around identity of Izeli but these are being addressed</p> <p>IV</p>	<p>Stability of the physical environment</p> <p>Oct 1996: concerns about moving youth Jan 1998: return to integrated units; more stability for youth</p> <p>VIII</p>	<p>Rootedness in the outside society; meaningfulness of historical and social continuity</p> <p>Oct 1996: demographics good but power not shared Jan 98: real shift to black empowerment</p> <p>XII</p>	<p>Stability of the cultural, moral, artistic, aesthetic, religious fabric</p> <p>Oct 1996: religious stability; Western dominance Jan 98: religious stability, less Western dominance</p> <p>XVI</p>

Another fifteen organisations were randomly (Seaberg 1985: 136) selected from the sampling frame of the mailing list of the NACCW journal. These organisations were sent copies of the Manual and requested to consider completing the questionnaire but only one (I) returned the questionnaire. A low return rate is not uncommon in mailed surveys (Austin & Crowell 1985: 277) but this low response is nevertheless disappointing given the use of the mailing list as a sampling frame. The hope that the sponsorship (Austin & Crowell 1985: 296) support of the process would increase participation in the research was not well founded. When I followed up with two of the organisations concerned was told that there was “simply no time to get involved in anything new ... we are battling to survive with uncertain State subsidies and we are not coping with the national demands of Project Go”. One of the Homes in this group has let me know that they are using the Manual extensively. The high response rate from the first group is encouraging.

11 FEEDBACK FROM PEERS

11.1 PROFILE OF RESPONDENTS

The nine questionnaires that were returned were from five organisations that had been historically white (A, B, C, G, I), two black (D, H), one mixed heritage (E) organisation and one that has traditionally served both the black and the Indian communities equally (F). The demographic profile of the children and staff and other relevant details of these organisations are represented in Table 26. The demographics of the Homes are given as an illustration of where the King William’s Town Children’s Home fits in.

King William’s Town Children’s Home is the only one of the historically white Homes (represented here) to have made a significant change in its racial profile. In addition it has retained a small child to care worker ratio in comparison to others. The over representation of women on its staff is common with most of the others and not unexpected given the nature of child and youth care. The proportion of staff who have a formal child care qualification has dropped since 1997 as at least five of the best qualified staff now work under the auspices of the Life Centre and these staffing figures are excluded. Nevertheless the proportion is high with all except two of the remaining 30% currently enrolled for the BQCC.

The first column (K) in Table 26 reflects the data of King William’s Town Children’s Home.

11.2 FEEDBACK ON THE MANUAL

Only one (F) of the Homes uses wilderness experiences consistently with its children and only two (D, H) never use the outdoors for intervention purposes – Home (D) says this is because their children are “too young” while the Home H indicates that it is due to lack of staff capacity. The focus for all who use the outdoors is on competency development and only one of the Homes (C) reported using the outdoors (specifically the beach) as part of a therapeutic process for children in crisis. Two Homes use Outward Bound and two use Educo when service organisations provide the funding for this but none of the Homes fund adventure training themselves. One of those who has used Educo once also uses a wilderness programme where youth are paired with an adult for a weekend doing strengths-based activities (G).

All seven who do use the outdoors use it in the form of short camps and outings for children. They found the section on wilderness experiences in the Manual of “great interest” but due to financial constraints did not consider that they would increase their use of the outdoors through formal outdoor organisations. Two indicated that they had decided (since reading the Manual) to explore ways of using the wilderness for staff training.

All nine Homes are familiar with IMC policy and are working towards implementing this policy. Homes A, B and C found the sections on staff and professional roles of significance as they were all pursuing this debate within their organisations. The positioning of social work in relation to child care was a specific concern for Homes C and E. Both commented on the importance of the professionalisation of child care including more recognition for child care work with families and in communities, but indicating that this required a re-negotiation of the function of social work.

The concept of skills training as a viable alternative to formal education was recognised by Homes D and G which reported that youth who were forced to stay at school and had no hope of completing school were possibly being discharged with very limited opportunities to engage in constructive life in the community. Home G felt that this was an area that deserved national policy attention.

Eight of the nine Homes (all except D) indicated that the Goal Attainment Scale was very useful and three of the four spoke of adopting it within their own context. The scale was seen as relevant as it provides a strengths-based opportunity to enable the youth and staff to focus on

progress (B, E, I) and also because it was a scale that older youth themselves could understand and perhaps complete (B, C). It would however be important to ensure that staff were familiar with the concepts used (C, G, H, I). Homes A and C felt that the specific application to residential care in South Africa was an important innovation.

The experiences of the Home in its progress towards transformation as presented in the case study drew a mixed reaction with six of the Homes (B, C, E, F, G, I) indicating that it was of particular interest. Homes E and G said that it enabled their staff team to identify common experiences of transition and to move beyond a feeling that they were alone in facing challenges. Home I said that the material reflected many of the challenges faced within their own context presently. Home B said that the material in this section was interesting but that as its staff team was so small they did not need the representative system. This Home is the only one of the nine respondents which has unionised staff - staff at King William's Town Children's Home are also not unionised. Homes F, G and H indicated that the Manual provided a concrete example of the transformation in progress and was particularly useful because it provided the names and contact details of people who could promote transformation.

The Life Space Assessment was considered of use by all the Homes although they shared the concern that it was time consuming to complete. One drew attention to the fact that the Project Go process would standardise assessments anyway¹¹⁴ and thus that it would not make sense to begin to use the Life Space Assessment until Project Go formalises its requirements. One Home (I) indicated that they would be sticking with their own assessment format until forced to change in line with Project Go. The youth and staff policy were viewed as useful contributions by eight of the nine Homes (excluding I), three of which have adopted aspects of these policies within their own contexts while two others have used the policy as a debating starting point for the development of their own policy.

¹¹⁴

Project Go teams from the National Ministry of Welfare have started assessment training in all nine provinces but the format for assessments has not been finalised. Training focuses on the development of a strengths-based approach to assessment and to use of the Brendtro et al (1990) circle of courage model. Source: du Toit, June 1998: IMC National Manager

Table 26*Profile of respondents contrasted with King William's Town Children's Home*

	K	A	B	C	D	E	F	G	H	I
Number of children in care	141	58	90	61	28	20	106	49	55	250
Boys (percentage)	52	45	40	61	57	50	40	48	45	50
Girls (percentage)	48	55	60	39	43	50	60	52	55	50
Racial composition of children (percentages)										
Black	69	38	2	13	100	50	40	37	100	1
White	14	50	88	72	0	5	0	26	0	94
Mixed heritage	17	12	10	15	0	45	10	27	0	5
Indian	0	0	0	0	0	0	50	10	0	0
Total number of staff	50	46	24	20	14	9	53	22	14	63
Gender of staff (percentage)										
Male	20	24	4	10	0	88	9	23	0	10
Female	80	76	96	90	100	12	91	77	100	90
Racial composition of staff (percentages)										
Black	77	48	42	35	86	12	23	59	100	46
White	15	48	58	50	0	33	0	27	0	54
Mixed heritage	8	4	0	15	14	55	0	4	0	0
Indian	0	0	0	0	0	0	77	10	0	0
Child care worker to child ratio	1:6	1:5	1:11	1:12	1:3	1:5	1:11	1:5	1:9	1:12
Percentage of child care workers with a child care qualification	70	100	88	60	0	75	60	40	0	24
Number of social workers	3	2	2	1	0	1	1	1,5	1	4

One Home (F) indicated that it had had to abandon the concept of the Youth Council for the same reasons as outlined in the Manual but that the Manual provided useful suggestions for revisiting this issue with the staff. One Home (H) indicated that the Youth Council information would help it to restructure efforts it was already engaged in at the Home. This same Home (H) indicated that exposure to substance abuse was new and that the Manual had arrived just in time to assist the staff to begin to work with what had been experienced as an overwhelming problem.

In general, the response from these Homes has been overwhelmingly positive and the Manual has impacted on the way that they render services. This sample of Homes is not representative but it is sufficient to illustrate the usefulness of the material generated. Although all of the Homes appear to be aware of the requirements of the IMC and the transformation process there are still apparently substantial racial disparities in previously white Homes and, as with schools, previously black institutions have not taken in many white children. The King William's Town Children's Home appears to be unique in the extent to which many real changes have taken place.

12 CONCLUSIONS AND RECOMMENDATIONS

12.1 GENERAL COMMENTS

This thesis has shown that the Participatory Developmental Research model is a practical way to conduct research and develop new technology. It meets the specifications of being a "participatory research model" as outlined by Collins (1999: 4) in that it involves both co-operation *and* knowledge discovery. The model itself is a guideline and its successful use is more dependent on the willingness of the researcher and the researched to work in a genuinely participatory way than it is on any technical steps or procedures.

Using this model this thesis has shown how there are real alternatives available to practitioners in the residential child care field which will allow residential child care to remain a relevant and necessary part of the continuum of services available to children and youth in this country. The thesis has demonstrated in the practical technology, as it did with the research technology, that success is more dependent on attitudes and willingness, than it is on the creation of technically

perfect operational models. Arising from this work are a number of important points related to the future direction of work in residential care.

12.2 POLICY IMPLEMENTATION COMMENTS

There is little doubt that the policy recommendations of the IMC (IMC 1996b) make sense in the light of the focus of the Social Welfare White Paper on the need to promote developmental social services in this country. This study has shown that using the principles within these policies – such as the promotion of competence – enables organisations to critically evaluate their services and seek more developmental ways of working. I am sure that there is a wide range of levels at which the implementation of these policies has happened in different organisations across the country and that for some the concept of working developmentally is still viewed as daunting. However, it is equally clear that organisations such as the King William's Town Children's Home are able to take these policy demands on board successfully because there is a willingness on the part of all involved to do so, but most importantly, the management of the organisation has "bought into" the policy and invested time and money in creating the necessary conditions for the implementation of the policy. In addition, the generous financial support of the IMC has given this organisation the material capacity to invest this time and energy. Without all of these preconditions it is unlikely that the same level of transformation would have been possible.

It appears that the IMC recognises that these conditions will need to be created for other organisations and that it cannot simply be assumed that the policy will filter through and that when it does organisations will have both the desire and the capacity to transform their work. The current nation-wide training workshops (run for the IMC by the NACCW) to inform people about the demands of the new policy and to assist organisations in identifying strategies to implement the policy (Pitt 1998) is an encouraging indication that the IMC has accepted that, two full years after the publication of the policy documents, not all the role-players are well informed and not all have started a process of change. I would recommend that these workshops be built into a much more intensive strategy that works to increase the capacity of each organisation on a practical level.

Policy itself does not generate change as has been evidenced by the fact that these workshops are now considered necessary. In addition, even if policy is accepted, the process of change is complex as has been evidenced in this thesis. If the IMC and the national government are serious about implementing this policy they will need to accept that a significant resource base will need to be set in place to ensure that the kind of process that has taken place in King William's Town is possible in other places. Given the geographical spread, resource inequity and budget constraints faced by the Welfare Department, I believe this to be a formidable task.

This task is further complicated by the political context in which all of this is expected to happen: in December 1997 the National Youth Commission released its "Youth Policy 2000". This policy document says that its aim is to ensure that "all young women and men are given meaningful opportunities to reach their full potential, both as individuals and as active participants in society" (National Youth Commission 1997: 6). The policy goes on to explore demographic realities which inhibit this development, such as educational attainment (National Youth Commission 1997: 11); unemployment (National Youth Commission 1997: 12) and race (National Youth Commission 1997: 6, 13). In addition, the policy document lists the components of the "national policy context" in which it has drawn up its policy – this context includes the United Nations Charters, the Reconstruction and Development Programme and government macro-economic policies (National Youth Commission 1997: 17) but not the IMC. There is only one section in which the IMC is mentioned. In the section on Safety, Security and Justice the Youth Policy says that "the National Youth Policy recognises and supports the new policy framework and recommendations of the IMC *which improve the line-functions of departments and NGOs, with management, planning, support, capacity building and monitoring from the IMC team*"¹¹⁵ (National Youth Commission 1997: 42), and that the youth commission will "consult with the IMC and relevant non-governmental organisations to establish a mechanism whereby alternatives to incarceration can be systematically ... assessed" (National Youth Commission 1997: 44). The IMC is not listed as an organisation represented at the Youth Policy Summit (National Youth Commission 1997: 77) nor as having made any written or other contribution to the process

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My emphasis and italics. This Youth Policy was not used earlier in the thesis as it was never part of the consideration of the team at the Home (or overtly of the IMC) and it has only been brought to my attention in November 1998. It is however important in an overall summing up of the way forward.

(National Youth Commission 1997: 72-76). For two national level organisations to be working in such closely allied fields with such limited cross- referencing or consultation begs the question of political co-operation. The briefs of the IMC and the Youth Commission are not identical but they overlap in important areas and it is in these areas that there is apparently very little overt synergy.

12.3 THE WAY FORWARD FOR THIS CHILDREN'S HOME

The commitment to the process of transformation and growth continues unabated. By September 1998 the Life Centre had provided non residential care services to 113 youth; the residential care system had undertaken a case-by-case assessment of the children in their care;¹¹⁶ there is a plan in place for the implementation of the new National Minimum Standards for the Child and Youth Care System, which were only published in August 1998, at all levels of the organisation's work; and the structures and processes set up during this participatory research process continue. All of these initiatives are time and resource intensive and it is difficult to see how this is going to be maintained unless the new funding system actually happens in the next financial year. It is an indictment of the national process that in instances where the transformation is in progress it is not supported by the practical changes that should go along with it such as the promised programme-based funding. The lack of communication between provincial and national sectors impacts directly on the work of the Home. For instance, on 23 September 1998 the IMC workshop (see 12.2) in King William's Town was told that a national moratorium had been called on inspections of residential care institutions by the provincial welfare departments until new criteria were in place. At least two of the organisations at this meeting had been inspected during that week!

This Home has both the willingness and the capacity to continue to make a relevant contribution to residential care in this country. There are many issues still to be addressed – such as real power and influence being vested in appropriately skilled and appointed black staff; staff willingness to allow youth to have more influence on decision-making and the development of

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The assessment is of the cases themselves – reasons for admission, number of years in care etc. What we have found is the high correlation between the years in care and parental poverty.

the vocational skills training. The participatory systems that have been set up over the past two and a half years are valuable resources for ongoing growth and should be nurtured and protected.

12.4 YOUTH IN RESIDENTIAL CARE: THE FUTURE

While the policies and systems set up during the process reported on in this thesis have gone a long way towards creating developmentally appropriate care systems for the youth (who were the focus) and for children at other developmental levels, there is no doubt that the whole system of caring for youth in residential care facilities should remain the focus of attention. There are many questions still to ask and the answers appear elusive. Poverty is an intractable reality and while policymakers suggest that youth should not be in care just because their families are poor, there are currently very few other realistic options available. In addition, the amount of time spent in care does result in increasing separation from families and it does appear that once youth have been in care for more than two years they are likely to be in care for more than five years.¹¹⁷ Especially for youth who are going through a life stage in which many transitions (most of which are culture bound) are taking place, a prolonged separation from one's community is likely to result in some alienation from one's culture. The programme at this Home and at many others seeks to ensure optimal levels of contact with families and seeks also to ensure that youth are able to return to their communities with the skills they need to become constructively functioning adults.

It is however recognised that these skills exist at many levels and all levels must be negotiated successfully so that youth in care are not worse off after discharge than they would have been if they had never been placed in care. I recommend that at least the following levels need to be part of the conscious skills-planning process:

- personal care skills such as managing money, nutrition and hygiene
- vocational skills linked to entrepreneurial skills (setting up and managing a small business)

¹¹⁷

The case-by-case analysis (August 1998) revealed that those youth who have been in care for more than two years are not the ones for whom imminent discharge is likely and are the ones for whom the long-term plan appears to be residential care. It follows that once in care for more than two years most youth are likely to remain for at least the average length of time in care for youth who have been in for more than two years – ie five years.

- interpersonal skills including decision-making related to sexuality, conflict and relationships
- social and cultural skills including a clear understanding and connection with the traditions and beliefs of one's culture.

12.5 FINAL COMMENT

Change is possible but it is not easy and it is often painful. There is nothing in that statement that is new to anyone working in the welfare sector in this country. What I have discovered in this thesis is that there is no doubt that real change has to be a bottom-up process and that no matter how well intentioned those in power are, they remain dependent on those at the coal-face to turn policy into reality.

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Note:

- I. The chapters in books consulted are listed separately under the author of the chapter to enable the reader to trace the precise place in the specified source without any difficulty. For completion the full book in these instances is also listed under the editor(s).
- II. All entries for IMC refer to: South Africa. The Inter-Ministerial Committee on Young People at Risk.

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Appendix 1

Manual compiled during project

This Appendix contains the Manual submitted to the IMC after the completion of the pilot project – the Manual contains more than what was required by the IMC as it is an attempt to provide a holistic picture of the transformation process. It was hoped that by providing this additional information voluntarily the team would be able to make a greater contribution to the process of transformation in other Homes than would have been the case if the Manual only focused on the IMC pilot project.

This Manual forms the outline of the technology that has been developed during this project and which was submitted for review to other Children's Homes. The Manual submitted to the IMC contained only the Goal Attainment Scale while the one submitted for peer review (and contained in this Appendix) also contained the Life Space Assessment.

Comment on Goal Attainment Scale

The scale in the Manual has the five point breakdown referred to in the thesis, but within each of the five points, for each item there has been a further break down into three sub units. This modification followed the review and extensive use of this scale by Boys Towns who found the five point scale insufficiently sensitive for the small incremental developments that characterise youth at risk.

The scale and the circle of courage

The scale was analysed in terms of the circle of courage's four spirits of Belonging, Mastery, Independence and Generosity. The following list indicates the item numbers under each of these – those marked with an asterisk (*) indicate the ones on which I and the independent assessor only reached consensus after some debate. All other items were placed identically by us.

Belonging

Belonging is that sense of being related to people and to the world and environment in which you live (Brendtro et al 1990: 37)

Item	Goal
3	Relationships with friends
4	Relationships with other peers
5	Relationships with child care workers
6	Relationships with other staff
14	Awareness of impact of own behaviour on others
24	Reports from hosts or parents

27	Absconding (refers to attempts to run away with no apparent intention of coming back)
29	School reports
32	Leaving property without permission or against instructions/rules (Not absconding)

Generosity

Generosity is reflected in the belief that being unselfish and willing to serve others is an indication of healthy development (Brendtro et al 1990: 44)

Item	Goal
12	Social perception (empathy)
21	Assisting others (eg community service)
23	Environmental sensitivity and reaction to property (relates to actions in the environment rather than to attitudes towards it)
26	Sense of responsibility

Mastery

Recognising that mastery of one's environment is necessary for healthy adult life, it is important that developing youth achieve a sense of mastery and control over their lives and environment (Brendtro et al 1990: 39)

Item	Goal
8	Substance abuse
9	Reasoning
13	Problem solving
16	Perseverance/ability to follow through
18	Distractibility
19	Attitude to schooling
25*	Truancy
28	Brushes with the law
30	Communication skills
33	Involvement in skills training

Independence

A sense of having meaning in one's life and a belief in one's autonomy is important for healthy functioning (Brendtro et al 1990: 41)

1	Self esteem
2*	Solving interpersonal problems
7	Relationships with authority figures such as teachers
10	Locus of control (is the child controlled by the rules or by their own sense of what is right and wrong?)
11	Fit between emotional reactions and events (appropriateness of emotional reactions)
15	Leadership
17*	Social adaptation (conforming to social standards and norms)
20	Sexuality
22	Awareness of own strengths
31*	Use of spare time

Training Manual

Alternatives in residential care

A manual compiled by the King William's Town Children's Home after the completion of the IMC pilot project.

Manual compiled in December 1997



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Preamble

The IMC pilot conducted at the King William's Town Children's Home was directed at making the IMC paradigm principles real in residential care with special focus on the use of the outdoors in residential care intervention programmes. The project thus took place in an existing organisation using existing staff and there is thus no pre-packaged training material. However, there are a number of important lessons we have learnt from the project. This manual seeks to share these with others in the humble hope that our lessons will be of value to others. We do not seek to be prescriptive or to suggest that what we have learnt is of relevance to others but we would like to believe that there are certain generalisable lessons that we can share for others to at least think about.

This manual is divided into sections which focus on different aspects of our work and describe some of the things we have learnt in the process.

The first section relates to the outdoors as a medium of intervention and the second to issues of relevance in residential care. All the ideas and policies presented were generated during the pilot period as a direct result of the pilot project and the impact it had on our organisation. In all of these we tried to reflect the paradigm we were testing.

All of these are in the developmental stages themselves with negotiation and workshoping being an ongoing process. They are shared with others in this way only as an illustration of one possible route amongst many and undoubtedly a route still strewn with pitfalls and problems.

We would be happy to discuss any aspect of our work with any interested person or group.

We have provided contact details for some of the expert resources we drew on during the project and suggest you make contact with these individuals or groups should you wish to do so.

WILDERNESS EXPERIENCES IN RESIDENTIAL CARE

Aim of this section

We are not equipped to offer concrete lessons for setting up any of the forms of out-of-doors experiences suggested. We are equipped to outline some of the important considerations in using the outdoors in residential programmes.

For more details on outdoor work per se the contact details of the following two organisations provide a good starting point:

Outward Bound (SA) Postal address: PO Box 813, Sedgefield, 5721 Fax: 04455 31770 Telephone number: 04455 31306 Contact people: Jon D'Almeida (Director) Page Tomkins (Operations Co-ordinator)	Educo (SA) Postal address: 7 Dalegarth Road, Plumstead, 7800 Fax: 021 797 5292 Telephone number: 021 761 8939 Contact person: Mark Gamble
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Setting the scene

There are three options available to residential care settings wishing to offer wilderness experiences to their children:

- i. The first is to subcontract, or buy in, the existing programmes offered by wilderness organisations such as Outward Bound (SA) or Educo.
- ii. The second is to train your own staff to offer wilderness experiences
- iii. The third is to offer a combination depending on the needs of the children at any given time and on the availability of resources.

Considering each in turn

Advantages of buying in	Disadvantages of buying in
Training costs are carried by the organisation who have the expertise to do the work	Generally more expensive and you have no control over the training the organisation offers and the suitability of this training for youth at risk Solution: Only connect with an organisation that offers some orientation to child and youth care to its staff or which other organisations have shown to be appropriate.
No (or very little) equipment lay-out costs	No development of resources of the organisation
No negotiation with landowners or responsibility for the use or maintenance of facilities	Limited by the sites in which these organisations operate
Training and confidence of instructors will be greater as a result of more extensive wilderness experiences	Flexibility in terms of course length and content controlled by the organisation and not by the needs of the client (usually)
Legal, and other safety issues, fall within the organisation's field of responsibility	No lasting relationships so trust built during courses not carried into life space
	No development of staff capacity
	Development and progress of youth may not be adequately reported to the organisation the youth returns to

Advantages of training own staff	Disadvantages of training own staff
Flexibility and long-term saving in having the expertise owned by your organisation	Losing the resource with staff turn-over
	Expensive as a start up cost unless you can attract a trained person to your organisation Hint: Many wilderness organisations offer student training programmes especially to disadvantaged youth so there is a pool of trained people that could be hired and then trained in child and youth care.
Flexibility	Limited by the skills of the person(s)
	No new relationship opportunities provided for youth
	Possible carry over of institutionalised/institutional expectations
	Equipment is costly (but can be built up over time)

Combining the two approaches offers the best value for money and effectiveness as the organisation can build capacity up to the level at which it can be afforded, and that serves the needs of most youth, while retaining the option to use more specialised input where appropriate.

Definitions

Adventure training/wilderness experiences and experiential outdoor education all have elements in common.

Wilderness experiences involve taking youth off the existing premises and offering experiential education out of doors. Usually involve physical challenges and wilderness education.

Experiential outdoor education does not have to be off the site of the organisation and offers a variety of outdoor experiential activities including physical and social challenges designed to provide experiential learning opportunities around a variety of life skills. Experiential outdoor education is often used in wilderness experiences.

Adventure training is an over-arching principle which involves both of the above and refers to on site and off site experiences. All of the above can include the use of crafts, drama, rites of passage experiences and rituals.

Important considerations when using the outdoors with youth and children

- Safety**
Allergies and accidents are only two of the most common incidents that any staff involved should be able to deal with whether or not the experiences are offered on or off site. First Aid training is a prerequisite when involving children in challenge experiences. (The same would apply to the use of swimming pools!)
- Age**
Age is a chronological and a maturity issue and it is important that the kind of experience offered is matched to the child concerned. Generally speaking the Outward Bound experience of 14 days in the wilderness would appear to be too demanding of youth younger than 16 years. (Some youth older than 16 will also not cope.)
- Gender**
As a broad generalisation boys cope better than girls with experiences over an extended period of time involving limited access to amenities such as toilets. More specifically when there are mixed groups it makes sense to have more girls than boys especially when dealing with adolescents as it appears that the girls are more easily intimidated and more often subject to harassment if they are outnumbered. It should be noted that the expectation that boys will cope better than girls could in itself create problems for boys that do not cope.
- Language**
All outdoor experiences take the form of some form of metaphor and their real power lies in what the children can take from the experience back into their lives. It follows then that the most powerful learning happens when children are able to process and debrief the experience (be it a six day hike or a one hour ropes course experience) in their mother tongue. It is from this experience that our preference for South African instructors has come.
- Nature of the experience**
As in all child and youth care the child is the guide to what is appropriate and the assessment of the child, and those working with the child must be taken seriously. Some youth are better able to cope with some experiences, and although challenge is central to much outdoor experience, it is not ethical to set a child up for a certain failure. This is where graded experiences, and the flexibility of having trained personnel as part of your team, really come into their own as courses and experiences can be designed around children and their issues proactively rather than just adjusted to meet emerging needs. A hike is an outdoor experience and so is a summer camp but neither qualify as a wilderness or adventure training opportunity unless they are purposively structured to offer the learning and growth opportunities.
- Culture**
Careful attention to the cultural scripts according to which young people are living must be given when planning outdoor experiences especially those that require sleeping out of doors. Rural and township children are often used to sleeping in communal bedrooms and sleeping alone at night in the bush requires huge adjustments. Religious issues around food and its preparation should also be considered. While the outdoors may be a good environment to challenge cultural messages about gender roles and stereotypes there should never be a blanket assumption that all activities are appropriate for all children.

- **Developmental life stage**

Mid to late adolescence is a time of transition where adulthood begins to emerge within the child. Various social and cultural transition and rites of passage experiences can be built into wilderness experiences in such a way that they complement the life stage issues already faced by the children and youth involved. Creative use of rituals and ceremony can add to the depth of the experience for all groups. Outward Bound uses coloured symbols (wristbands) to create group identity and Educo offers symbols after the completion of a process. Within your organisation similar ideas could develop.

- **Weapons and aggression**

It is obvious that youth and children spending time together out of doors should not be allowed to have weapons with them. It is equally obvious that weapons can be made of absolutely anything. We had youth attacking each other with spades (needed to dig "toilets") and tins of food. It would seem then that, as in all spheres of child care, adequate and appropriate supervision and timeous defusing of conflict would be central to the safety of youth in the wilderness. Some of our young men carried knives claiming cultural imperatives to do so while others were needing the knives to kill the animals they were sure would attack them. We support efforts to remove weapons from youth but also advocate a pragmatic vigilance rather than continuous violation of their privacy by repeated searches of their possessions.

- **Substance abuse**

Whatever the nature of the outdoor experience, the use of any behaviour changing substance (including some prescription medication) is contra indicated. Safety is the issue rather than any value judgement. It is thus important that you fully understand the effects of prescribed medication and make the ban on the use of substances such as alcohol, dagga or benzine and other solvent sniffing a non-negotiable area.

There are many other issues that the organisations offering wilderness experiences or outdoor education will be able to share with you. Also, any trained staff member will have been sensitised to these and many other. These are offered here as some of the most important lessons we have learnt from our project.

Residential care

The pilot project coincided with a period of great transition in the Home as we merged with Woodlands Children's Home. For staff and children of both organisations the changes were significant and sometimes overwhelming. The following section presents some of the challenges that we faced and a description of some of the things we did to deal with those challenges. How much of this is of relevance to any other organisation depends on the nature of your organisation; the amount of change you are currently experiencing and the dynamics of your particular context. We are continuously aiming to improve in all of the areas and thus although some of these statements appear pessimistic they must be considered in the context of the whole child care system that is transforming: it is in a state of change and many elements of the "old" system will take a great deal of time to shift significantly.

Practice principles

In trying to live out the principles as spelled out by the IMC we learnt the following during this project:

Accountability	This is only possible if the systems are in place to monitor work and if staff are in possession of the skills needed to do their jobs. Accountability is dependent on capacity and competence and is also reliant on shared interests and a belief in what is good. We also found that there is very little accountability practised in the reconstruction field – there appears to be no way of enforcing the necessary services.
Empowerment	Control is easier and we need to work actively to ensure that we provide opportunities for increased responsibility. We also learnt that this can be done with the right mind-set. We had to deal with staff feeling threatened by youth insisting on their rights. We also had to deal with staff who felt they were not empowered to assert themselves. It is a delicate balance.
Participation	This remains a challenge with so many youth placed so far from home. We believe that families should be involved but still struggle to make this happen and we have had limited success with involving the youth in their own developmental programmes although we are working towards this all the time.
Family centred	Difficult to ensure when the family has disintegrated as badly as is the case for many youth in care. One of the legacies of the history of many of our youth is that they have been in care for many years and it has been an extremely long time since their families took care of them. It is often difficult to motivate families to assume more responsibility for their children when they have found the material relief of having children in care comforting. It is apparently easier to work with a family when the separation is relatively new to the family. We have not said that the former families cannot be reached but that to date we have had limited success.

Continuum of care	We are working towards this even in residential care and we provide differentiated services for residential care and community youth in terms of the adventure training, skills training and life skills projects.
Integration	Without re-allocation of resources this is not possible – the Home staff do not have the time to get to all families to aid reunification, and agency staff carry enormous caseloads mitigating against involvement in an integrated programme for youth.
Continuity of care	We now know that post-disengagement care or contact is essential for the adaptation of youth back into their communities but we struggle with distances and staff resources.
Normalisation	Again, staff need ongoing motivation to avoid easier options.
Effectiveness and efficiency	Careful and frequent self-scrutiny is making us feel more effective and act more efficiently – the youth benefit.
Child centred	Of paramount importance in all that we do and this is used as the yardstick for assessing all plans and policies.
Rights of young people	Some staff conflict over concern about their own rights has emerged as youth become more troubled and more prone to violent behaviour. All our policies and procedures are in line with the UN Convention but ensuring adherence requires careful supervision.
Restorative justice	We are using this in our own behaviour management systems and find it effective but find that staff find it time consuming and difficult to maintain.
Appropriateness	This also requires constant re-evaluation of one's services.
Family preservation	We remain concerned about out of province placements; the amount of time many youth have been in care and the level of family disintegration that exists.
Permanency planning	Poverty is a fundamental stumbling block to returning youth to their families. It cannot be wished away.

Integrated living

Children bring with them into care many of the attitudes and prejudices of their families and parents. These, together with their individual needs, make the life space experience of young people in integrated living arrangements extremely complex. Taken together with markedly different competencies in different languages the integration of children in a unit presents challenges that are sometimes awesome.

Yet, this experience has been one that people speak about with hesitation and on which many people are reluctant to express a public opinion. In the country-wide relief at the end of legislated discrimination there has emerged a sense that transition should not be difficult. Acknowledging the personal and organisational struggles to adapt so often results in an uneasy sense of failure or concern at being labelled racist or unable to adapt. Our child care workers tell us that having white adolescent youths in their units is more challenging than they had ever anticipated. Our Xhosa-speaking youth tell us that the white children think they are superior or that the white children are treated differently. Our white children tell us that the black children speak behind their backs and mock them for their inability to speak Xhosa. Our coloured children tell us of being caught between two worlds – mocked by black youth for thinking they are white or rejected by white people for being black.

Racism and diversity are not new and were certainly not invented in this country. The legacy of Apartheid is something we are going to have to deal with for many years – the aftermath of our racism is going to pose challenges for us that are uniquely South African. The struggle of the youth is a mirror (or are we a mirror of them?) of the challenging issues we face at staff level. Affirmative action in management; style of leadership and decision-making are just some of the manifestations of our organisation's efforts to examine itself and re-emerge with a clear vision of our role in the future of residential child care.

This section is going to offer, in good faith, some of our own struggles and challenges and triumphs and describe some of the ongoing processes we are engaged in. We would not dare presume that any of this is valuable for you but we offer it in the hope that it will be.

Staff

It is very rare indeed to have the opportunity to select your staff around one central vision – each new appointment is made in terms of the prevailing needs and vision of the time and unless your staff turnover has been rapid you are faced with staff appointed in one era of child care being asked to work in a different era altogether. We know that “good” staff like “good” organisations have always tried to be child centred; to work developmentally and to adhere to the paradigm principles as spelled out in the IMC documents. Staff who have kept up with training have been equipped to work in the paradigm. The reality is still that the rules have changed; the ground has shifted and people are needing to find their feet again. Recently we made contact with an organisation that has no constitution and with another that had not heard of the IMC. Just because some of us are fortunate enough to be working where the transformation of the child and youth care system has been taken on board fully does not mean that all are even aware that a transformation is happening.

It is all common sense that without staff being committed to the vision and mission of your organisation it is impossible to create the environment that you want or need. Because we have already said that it is so rare to simply be able to appoint staff with a shared vision (although all new appointments can be done this way) it is more important to look at what we need to do to be able to bring staff on board.

Staff transformation: questions for management

- What is the vision?
- Whose vision is it?
- Who knows about this vision?
- What elements of this vision are already in place?
- What is not happening that should be?
- What are the obstacles we face?

These questions are central to the process – we have experienced so much change for the sake of in recent years and know the impact of imposing change on people if they do not understand it. The power of subtle undermining and active sabotage is documented daily in newspapers. Change that works is change that is owned. To own something you need to be able to identify with it and to know it as something real.

A suggested process

Where are we?

If you know your organisation well you will already have a fair idea of what people think and believe and how that impacts on what they do. If current practice is already close to the vision you have (or the policy paradigm in which you are required to work) you can move straight to the second step.

Step One: Education and information

Make information about the new policy available through written material; through in-service training and through structured short-course opportunities. Encourage small group discussion and debate until you feel that there is a general sense of understanding of the policy.

One way to do this:

Principle by principle

Introduce the concepts in sections and work on those – use the staff you have to facilitate discussions of principles. For instance dedicate a staff training session to developing a shared understanding of accountability. Create balance between the concept and the manifestations of it in your environment. Cover the concepts of child and family centred work together. As with all experiential learning – move from the known to the unknown. Affirm the known before adding the new material. Develop confidence by using reframing and support to guide and lead.

Step Two: Situational audit

Using the terminology and concepts of the paradigm you are seeking begin to develop an understanding of how people view this paradigm in practice. At each level of your organisation, workshop an assessment of the work of the organisation aiming to place it in the context of the paradigm. What can people do? What are they afraid of? What do they disagree with?

The format of this process is immaterial as long as it works. Some suggestions are:

1. SWOT analysis

Working in groups identify the strengths and weaknesses of your current practices *in terms of the new paradigm*. Consider what opportunities exist that will make switching to this paradigm possible. Look at what threats there are – what stands in your way? Keep groups focussed on what they can do about things – how they can develop strengths and opportunities or how they can eliminate or balance weaknesses and threats.

2. Theme workshops

Consider the areas of functioning in your organisation and tackle these one at a time allowing the “experts” in that area to lead the process. What in the child care work fits and does not fit – why? What administrative procedures are working to support the process and which are not? What is the role of other professional services such as social work? Move from the experts in the area to other groups. In other words examine child care from the perspective of child care workers, administrative staff and social workers.

3. The paradigm

Assuming that the staff are familiar with the IMC paradigm and that you are working towards that as an organisation, the paradigm itself can be used to assess the functioning of your organisation. This could be done by involving all staff in discussing how the day to day reality of the work situation reflects or does not reflect each of the principles. The advantage of doing it this way is that you are reinforcing the paradigm and are also ensuring that your own planning and restructuring is taking the paradigm into consideration.

Step Three: Rational planning

Develop a rational and achievable plan to address any obstacles and difficult issues identified. It makes sense to outline what it is you need to achieve (and of course, why) and whether this is a short-, medium- or long-term goal. Involve as many people as you can in the process (buying in) and keep referring back to all the occupational groups on your staff.

You need to consider issues such as:

- Time: how long will it take to do this?
- Cost: what is the most cost-effective way to do this?
- Who: who are the people who need to be involved?
- When: all organisations have daily, weekly and monthly rhythms dictated by the work they do.
- Work-load: if you just keep adding demands on people something is going to give and in residential child care that may land up being the children.

This should result in a "business plan" or some kind of agreed process description which includes aims, objectives, tasks, dates and responsibility functions. Without this kind of concrete goal statement and explicit statement of where the organisation is headed, it is very hard to stay on course and impossible to monitor progress.

Step Four: Implementation and monitoring

A plan is no good if it is not implemented. Do what you intended to do and when you find that you are not doing it go back a step and work out why. Were your expectations realistic? Have you moved too fast and are you being sabotaged?

Step Five: Evaluation

Changing and switching are not the same thing. Change in one part of any system demands change in all others and as such change is self-perpetuating. This is not to mean that your organisation has to be in transition and flux all the time but it does mean that it has to stay responsive to the changing and evolving demands made on, and within, it. You cannot thus just "switch" on a new way of being for a whole organisation.

Thus, you always need to be evaluating. Where are we going and is this the best route for getting there?

Our own case study

King William's Town Children's Home merged with the Woodlands Children's Home early in 1996 bringing together two organisations joined by a common need to care for youth and children, but separated by different histories and different management and work styles. From the functional differences between job descriptions for comparable work, to entirely different mechanisms for accountability and to radically different child and staff profiles, the merger reflected a major upheaval in the lives of all involved.

You cannot take two living organisations and graft them together without a little bit of pain. Of course it is equally true that unity and strength are associated. The result in this case was a Children's Home now registered to care for 160 children with a staff in the region of 60 people. The management of the King William's Town Children's Home had their administrative responsibility more than doubled and the physical premises of the Home now include three group homes; one campus in King William's Town and the leased property of the Izeli campus outside town.

The profile of children and youth in care ($N=153$) reflects the demographics of the country with about 14,3% of the children being white; 13,7 % "coloured" and 72% black – mostly Xhosa speaking. The staff has the same profile with the vast majority of staff being women. The management of the Home in early 1996 consisted of a principal (now Director); a programme coordinator and a middle management team (two senior child care workers, three social workers; an occupational therapist and the finance manager). This management team oversaw the complete functioning of the Home including the pilot projects and the residential care. Only one of the senior child care workers and two of the social workers were not white and the Home thus had a preponderance of white management staff. This inequity has been addressed in the restructuring process.

This has been done through a complete reorganisation of the system to create a Director and two managers: one for residential care and the other for the projects. At the same time the structures within the residential care system were changed to increase black participation in management but mostly to ensure equitable services to children. Not only did this make sense in terms of developing leadership in the organisation but it also made sense in terms of the larger scale on which we were working.

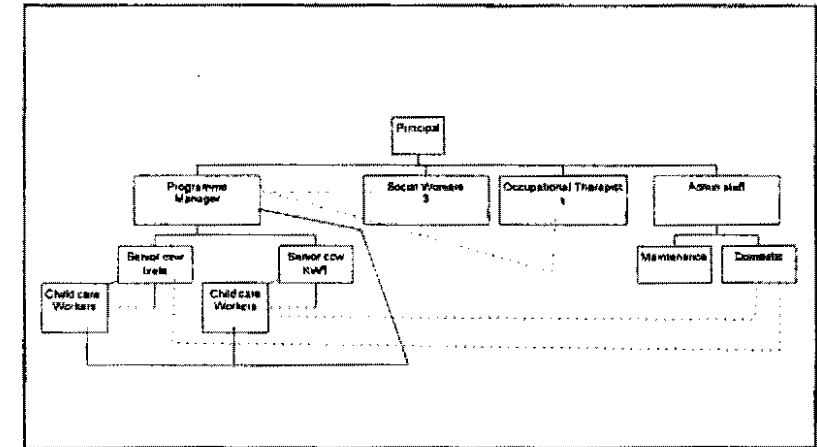


Figure 1 Staffing structure after merge

Solid lines reflect reporting responsibilities while dotted lines represent effective communication channels. While it is of course never possible (and rarely appropriate) to only communicate along reporting lines, serious stresses are created when people are required to report and communicate along too many routes. The following happen frequently under these conditions:

- frequent confusion and mixed communication
- lack of follow through
- role overload
- possible manipulation of the structure
- lack of accountability
- loss of communication of ideas/messages

The challenge was thus to create an organisational structure flexible enough to allow the best possible developmental work, and yet clear enough to give each staff member a sense of place and of belonging. After careful consideration it was decided to clearly demarcate roles and responsibilities and channels of communication so that all staff are able to find their way through the system with certainty. To avoid rigidity the principles of representation were used to create a system giving all staff direct access to the Director while ensuring that they reported for day-to-day functions to the relevant manager.

Hints for success

- Take time – do not rush this. Different educational and interest levels mean that people work at different paces. Structure groups to allow for this.
- Language. Protect the rights of African language mother tongue speakers – use many small buzz groups and skilled translation in all sessions to allow people to work in their own vernacular as much as possible. The move to using English as the medium of meeting communication has meant that even in situations in which African language speakers are in the majority English is now the norm for discussions. This means that staff with limited proficiency in English are placed at a serious disadvantage.
- Reinforcement. Vary the process. Support with written material. Use different facilitators. Make use of feedback and summarising. Check and recheck perceptions. Write down ideas. Use as many of the human processes as you can – sight, hearing, speaking, feeling (emotion) and cognitive.
- Connectedness. Any policy shift should be tangibly in the interests of all involved. Balance concerns about extra work with arguments about effectiveness and long-term efficiency. Use concrete examples and give people time to test them out.

Integration and children

We would like only to offer some comments about our own experience in this regard and hope that they provide some food for thought for everyone.

As soon as the white children in our residential care units became a minority group we were faced with more overt expressions of racism than we had previously encountered. This was particularly true in the adolescent units set up for the pilot project. We would not suggest that adolescent-only units be set up in a Home, and especially not when groups of children are mixed in significant numbers for the first time. Adolescent issues of seeking a place in the group and trying to forge an identity are compromised when we demand too many things of them at once. Group identity is an adolescent issue. In a group adolescents seek their place – when the group is of mixed gender and mixed age the place of the adolescent seems to appear naturally and is often a function of age in relation to the rest of the group. In an adolescent-only group, the adolescent is faced with the challenge of finding a special place in a group where others are too similar.

Adolescent-only units have value when they are aimed at allowing an experience of independent living not appropriate for younger children, and when the positive power of the peer group is designed to complement the development programmes.

During the first nine months of the pilot project the adolescent units were each staffed by two female Xhosa-speaking child care workers. As a result the role model provided was limited for many of the youth. For all of the boys there was an absence of a male role model in the immediate life space and for the white children as a group there were no adults with whom they could relate on a cultural level in their units. While supporting the need for integration we cannot ignore the lived reality of these children, many of whom come from conservative (if not reactionary) backgrounds. The kind of problems that emerged were symptomatic of our failure to provide transition support and help. The children experienced meals as stressful with different conventions about the use of utensils or the way bread was eaten being used as “proof” of differences. Language as a tool for inclusion and exclusion became a major issue. Gender and culture constraints on the discussion of human sexuality

and discipline resulted in a sense of unfair treatment. All of these are issues that need to be faced in any newly integrated life space. We realise with hindsight that we had not prepared the youth, or the staff, for what we were asking of them. The child care workers found the white children intimidating and the black youth felt concessions were being made for white youth that were not made for them. The youth quickly learnt the power of racially abusive and threatening language in their dealings with the child care workers and with each other. The child care workers in turn felt reluctant to discuss their concerns with a predominantly white management team.

Over time the youth themselves have mostly managed to adapt and there is an increased tolerance and understanding from all sides. The shared wilderness experiences were of great benefit in this regard. The staff who participated in Diversity Training courses, and an assertiveness training course, are increasingly able to share their concerns and to understand the power of what is happening. With the disbandment of the adolescent-only units there has been a diffusion of the remaining tensions and it does appear that the integration in the life space has been successful.

We have however learnt that it is a mistake to assume anything. We should have dealt with diversity issues in the team before asking female child care workers to handle this situation. We should have ensured that the child care workers could talk about their pain and insecurity in supervision. We should have ensured that the development programmes for the youth provided opportunities for them to work with their own racism and feelings of superiority/ inferiority/ fear/ anxiety/ threat. In sum, we should have taken the issues of cultural and social diversity more seriously.

Some specific areas to which we gave attention:

Dealing with diversity

We identified that staff were not comfortable speaking about their own needs and challenges and that issues of racial division and lack of understanding were prevalent. We recognised this as a challenge and did not feel that it in any way undermined the essential integrity of our team. We did however know that we needed to deal with the situation openly and honestly and that we needed help from outside.

We thus participated (in two groups on two separate occasions) in a facilitated weekend of Diversity Training.

Diversity Training	
Facilitator:	Nico Els
Contact details:	PO Box 12036 0028 HATFIELD
Tel:	012 434374 (after hours)

The weekends worked well because they allowed the team to work in psychological safety outside of the workplace. They worked as they dealt up front with the issues the team faced. They worked because there was a shared commitment to a positive outcome for the Home.

There is no doubt that the process was painful, but given the history of our country very few of us are new to pain and we all realised that we had to – in the interests of the children we serve – deal with the issues.

Language

All our meetings are now translated into Xhosa with the amount of translation being determined by those present in the meetings. All minutes of meetings are put out in Xhosa and English as are all memoranda and notices.

Running meetings

We seek to use a less formal and more participatory style in all staff meetings. We have lessened the number of meetings people attend but increased the length of meetings. We avoid making binding decisions at meetings so that people have time to reflect and discuss issues before committing themselves to anything.

Structures for work that work

Communication and reporting lines

As outlined above we spent a great deal of time discussing and reworking our lines of communication and accountability making sure that in a drive for efficiency we provided staff and children with the best possible security and access to the people they need access to.

Supervision

We now make sure that all staff are supervised once every two weeks and that supervision meets the goals of support, education and administrative accountability. Staff are supervised by people with whom they need to have direct contact about their work. Child care workers are supervised by senior child care workers.

Accountability

We have revisited the records we keep and fundamentally changed the way the social workers, for example, keep their records. We have ensured that supervision works to ensure effective accountability and we have recognised the need for training and capacity building in the pursuit of excellent service.

The constitution

Recognising the constitution of the Home as its policy framework and as the legal mechanism around which all procedures have been built we have started a process of consultation and reworking of the constitution. The former process seeks to ensure that the staff of the Home and the youth are involved in building a constitution they can support. The latter seeks to provide for the new labour legislation; the new paradigm we are working in and for effective control and management of the organisation.

Roles and functions of professional staff

The child and youth care worker is central to the functioning of the Home and we have tried to actualise this. The social workers and the occupational therapist form essential support disciplines for child and youth care.

We know that many Homes still view their child and youth care workers as “house mothers” or simply as caregivers and that for many the view of social work and occupational therapy is limited to functions last defined in the 1980s. Through this pilot project we have been crystallising our own understanding of what these three disciplines mean and we offer our ideas as a catalyst for other people’s thoughts with the reminder that our own understandings are still “a work in progress”.

Child and youth care

The Child and Youth Care Worker is the primary practitioner living on a daily basis with the young people, ensuring that through management, care, comfort, control, assessment and treatment, and by using professional skills and therapeutic relationships, the developmental needs of the young people in his/her care will be met.

The Child and Youth Care Worker needs to work purposefully towards treatment goals for each young person with a view to moving the child back to the community in as short a time as possible. To do this effectively the following need to be accepted about the work we know as Child and Youth Care:

- The Child Care and Youth Care Worker can never replace the young person’s parents. The Child and Youth Care Worker builds and uses professional relationships with young people in order for them to achieve their developmental goals.
- The Child and Youth Care Worker’s task includes not only caring for the young person but supporting and strengthening the young person’s relationship with his/her parents.
- The Child and Youth Care Worker’s action with young people and their families should be tendered in the most effective and efficient way possible.
- The Child and Youth Care Worker should recognise and promote the resourcefulness of each young person, and their family. This is done by providing opportunities to use and build their own support networks and to act on their own choices and sense of responsibility.
- The Child and Youth Care Worker should allow young people and their families to be actively involved in all the stages of the intervention process.

The work of Child and Youth Care involves (and extends beyond) the following activities:

- The Child and Youth Care Worker needs to plan a warm and stimulating environment for the young people, which is conducive to therapeutic and healthy growth and development.
- The Child and Youth Care Worker needs to plan and use daily routines which help young people to achieve developmental goals. This is done by providing discipline, routines and security for each young person as indicated by the treatment programme as set by the team.
- The Child and Youth Care Worker needs to make use of professional skills and attitudes and to provide varied and purposeful activities which promote personal, social, educational and cultural growth.

The attitude required to do this effectively includes:

- The Child and Youth Care Worker needs to accept each young person unconditionally and treat them as individuals. The Child and Youth Care Worker must be able to recognise individual young people's blocks and shortcomings and provide special opportunities to overcome these to enhance healing, growth and development.
- The Child and Youth Care Worker needs to bear in mind that the goal of care is not compliance and adjustment within the institution. The goal is eventual healthy functioning as independent adults in their own families and communities.

The skills the Child and Youth Care Worker needs include:

- The Child and Youth Care Worker needs pedagogic skills based on a knowledge of child development. These include special abilities in communicating with children and an ability to create a child-centred environment in which young people can develop physically, emotionally and intellectually.
- The Child and Youth Care Worker needs interpersonal skills. These skills are used to enable staff to foster helpful interactions between children and their parents; to be able to provide relief for parents in distress; to liaise with school teacher, volunteers and members of the community and to interact helpfully with other professionals concerned with the young person's care or education.

Child and Youth Care Workers should be held accountable for the delivery of an appropriate and quality service, and should be held accountable to a child and youth care ethical code of conduct.

Working according to such a code means that on a day-to-day basis the Child and Youth Care Worker must be sure to do the following:

- The Child and Youth Care Worker should expose young people to normative challenges, activities and opportunities which promote participation and development.
- The Child and Youth Care Worker should ensure positive developmental experiences for young people both individually and collectively. Appropriate guidance and support should be ensured through regular assessment and action planning which enhances the young person's development over time.
- The Child and Youth Care Worker needs to see that the rights of young people as established in the UN Convention and the SA Constitution are protected.

This person is a professional who focuses on the growth and development of children and youth working on the basic premise that all youths have strengths. The key to successful work with youth involves identifying and working with these strengths. The Child and Youth Care Worker is a professional specialising in being a child-focused generalist – never working alone and needing to work closely with a variety of other professionals. Child and youth care work is concerned with the totality of a young person's functioning.

Other statements which could be grouped above but are placed separately to reflect the opinions of our own staff include:

- The Child and Youth Care Worker uses a model of social competence orientation to child development.
- The Child And Youth Care Worker needs to facilitate learning and improve the young person's functioning by ensuring that the young person is emotionally, physically, and socially safe and that the young person is enabled to achieve his/her developmental goals and objectives.
- Some particular activities of child and youth care are:
 - manage individual/group behaviour
 - observe behaviours and reactions from the young person and environment
 - take pro-active measures to ensure safety
 - enable each young person to emotionally, physically, socially, intellectually, and spiritually achieve the goal of the moment and the day
 - enable each young person to complete the routine or activity of that moment. (eg. eating, playing, socialising, etc)
 - teach new competencies, encourage existing strengths to emerge
 - counsel on-the-spot, providing emotional support, conflict resolution, problem solving and ensuring that the young person can move successfully beyond each emotional and behavioural crisis through the day, week, or month.

In conclusion then, in our opinion, Child and Youth Care is not random but takes place within the life context of carefully designed life-space programmes which complement and support any other developmental and/or therapeutic programmes set out or undertaken by the inter-disciplinary team. Participation in, and contribution to, the inter-disciplinary child care team and the overall functioning of the Children's Home, as a place of care and treatment for all children is the central role and function of child and youth care. The Child and Youth Care Worker is committed to developing and maintaining positive growth-enhancing relationships with all team members. Assessments, reports and daily logs are some of the mechanisms we use to achieve this.

The Child and Youth Care Worker is accountable for his or her own professional growth through in-service training, reading of residential child care literature, studies in approved courses in residential child care and through the careful use, and provision, of supervision.

Occupational therapy

What is Occupational Therapy?

Occupational therapy is teaching independence and the highest level of functioning in all areas of daily living, through the use of activities. This may be in any area of functioning, but the following are examples.

- to assist a child in attaining their developmental milestones or the highest possible level of functioning.
- to teach life skills to youths to assist them to be independent and functional at school, work, home, in relationships, in social contacts etc.
- to assess and treat learning difficulties in children at school.
- to determine skills needed for a youth or child in activities of daily living (such as living in the community or at a job etc).
- to counsel youths (again through activities, rather than talking-therapy).

How is Occupational Therapy done?

Occupational Therapy believes that life is a system of activities making up a daily routine. It believes that a person interacts with a specific activity and there is a reaction to that activity. If activities are appropriately chosen then the person grows through the interaction. This is much the same as child care.

Occupational Therapy can occur in the following settings:-

- *activity groups* (where the aim of the group is to provide activities which meet the assessed need of the individual. Thus the children in the group have a common need).
- *individual therapy* (where the youths specific needs are met through a counselling session, with the use of appropriately chosen activities).
- *play therapy* (where the child deals with emotional pain through the medium of play)
- *sensory integration* (where developmental needs in young children are dealt with through the stimulation of the sensory system).
- *developmental therapy* (where the child is exposed to developmentally appropriate activities which meet the child's developmental need. These take the child through the stages of development prior to the stage associated with his or her chronological age so that the child is able to master that sequence of development).
- *lifeskills groups* (where the group has the same life skills need and these are taught through activities).

How does one decide if Occupational Therapy is needed?

During the assessment phase, a Child Care Worker may discover a need for an Occupational Therapy assessment or notice a need develop after assessment. The Child Care Worker may notice poor school performance, poor lifeskills, poor skills in usual activities of daily living (such as not being able to hold a fork properly), an emotional need or a need to learn a practical skill to be able to function effectively in the community.

Does this sound like all your children? Remember that Child Care Workers are trained to cope with these needs. However, if a Child Care Worker feels that more input is needed or needs some guidance in carrying out these developmental tasks, then the child should be referred to Occupational Therapy .

How our Occupational Therapist fits into the team.

During assessment in the assessment team, the decision may be to refer the child to Occupational Therapy for assessment. The Occupational Therapist will assess and give an assessment report. Part of the report will include recommendations. These may be tasks that the Child care worker can include in daily activities. Or they may advise a series of treatment sessions that are goal directed and the child or group may enter a time period of Occupational Therapy.

Social work

Social Workers have a statutory responsibility to ensure that the organisation meets its mandate to the government in terms of the provisions of the Child Care Act. Often this is the role that social workers are assigned with occasional forays into individual treatment relationships that are more often than not intended to assist with managing seriously troubled behaviour. We believe this to be a limited and outdated approach to social work in a residential care setting and we use our social workers in the following ways:

- **Group work** Social workers run groups with youth with shared needs. Members are self-identified or referred by child care workers. The aim is to increase the child's own natural environmental support systems and to provide meaningful opportunities for mutual aid.
- **Training** Our social workers assist, when appropriate, with the capacity building of staff in skills such as counselling or one-on-one interviews
- **Consultation** Child care workers are supervised by child care workers but the social worker is an essential part of the team to whom child care workers turn for support and problem-solving assistance
- **Community** Our social workers assist in developing relationships with the community with the aim of normalising the care we give and seeking appropriate and stable community relationships for our children.
- **Advocacy** Our social workers use their relationships with schools; with reconstruction social workers and other agents to advocate for the approach we have towards children and to seek the least restrictive or punitive methods of dealing with troubled behaviour.

Skills training as a component of the work we do

This pilot has allowed us to focus a great deal of attention on the provision of skills training opportunities for our youth. Skills training has allowed us to meet developmental needs of children in exciting and innovative ways and it has been the conduit for many of our most constructive relationships with organisations in the Business Community.

We believe in skills training – as a part-time or full-time programme – for our youth as it provides independence and work skills and as it is a meaningful alternative to school for some youth.

In this pilot we broke with the stream and removed children from school if they were not making progress; were old enough to work and if they were assessed as needing a means of self-sufficiency more than they were needing a level of schooling completely inappropriate for their age. Recognising the need for literacy, we offered the youth access to ABET and other adult literacy programmes, where many made outstanding progress.

We could do this as the pilot allowed us to experiment and we were able to compensate for lost subsidies. We recognise that it is not easy for other organisations to remove youth from school but we believe that there are times when the best interests of the youth, who is nearing discharge, are not met in the formal classroom of a formal school.

Community Partnership

A Skills Training Centre was set up in conjunction with a service club (Rotary) who not only assisted in the acquisition and renovation of shipping containers for this purpose but continue to be involved in the provision of materials and equipment. Their links in the community helped to facilitate communication in the business sector and helped raise funds. Advertising and networking with the KWT business community occurs through them.

Through this centre we have been able to use volunteers from the community who provide us with culturally appropriate role models which we had been lacking in residential care. Through these volunteers, community involvement in all the work we do has increased significantly. Some of the tangible ways the community is now involved in our work through the skills training are:

- to give apprenticeships for youths who have done some form of skills training and who have been orientated to work
- to give financial support for transport of community youths to the project
- to give work opportunities to youths who have completed their skills training
- to donate materials.

Community research was done through a business meeting of the community to determine the impact of the skills training and to develop a feeling for what the needs are in the community (as far as skills go). In this manner we were able to determine what skills should be taught.

We have also used the AGM, and other public occasions, to market the concept of skills training.

Role of skills training in residential care

Skills training is vital in a programme that is developmentally appropriate, strengths-based and follows the new paradigm. It serves to develop mastery in youths as well as develop their skills of concentration, interest in a subject, completion of tasks, self-discipline, creativity, waiting for gratification of a completed task. Skills training also helps prepare the youth for work. It is the beginning of a process of teaching work habits, and work ethics. The youth develops a desire to work, achieve and earn money as the world of skills is opened up. The youth also gets exposure to a range of possible employment opportunities as a result of being exposed to a choice of skills. With choice, mastery and achievement go a better self-esteem.

Developmentally the youth moves from a phase of childhood where the main tasks of development are related to play and mastery over the physical use of the body, to adulthood where the main task is work and independence. The youth or adolescent is between these two phases and needs to achieve work and independence whilst weaning him/herself from the play tasks. Learning skills is a fun way to learn about work. The youth can find a skill at which he/she is good and which he/she can master.

In the childhood phase many children are only exposed to school as work. Many of these children do not achieve well at scholastic tasks and have a poor concept of themselves in a work-related role. The youth who gets skills training is treated as more independent. He/she can achieve a better self-esteem and orientation to adult roles. Moreover the youth is viewed differently (strengths-based approach) and is no longer the scholastic underachiever, but is now the excellent wallet maker or bead worker. It gives so many opportunities to view the youth positively as it opens up independence and responsibility. For example, a youth that makes good wallets in his leatherwork class can then teach the other younger, newer students. He can be encouraged to make his own patterns and he can be encouraged to sell his wallets at a craft market or at local businesses. So much positive energy is generated from learning and mastering a skill. It is also something which is part of the youth and can never be taken away. The youth will always have the skill and be good at it regardless of what people may say to him.

These developmental benefits go hand in hand with the pragmatic reality that youth in care in South Africa are frequently in age inappropriate standards at school and many show a great resistance to formal schooling. Many come from families where reconstruction services have failed (or never really been tried) to facilitate reunification. When the youth is discharged from care he or she is, of necessity, required to care for him or her self. Skills training is one way of discharging that level of accountability to the long-term benefit of the youth. Thus both for the youth for whom skills training provides a mastery opportunity and for the youth who is dependent on skills for independence, skills training is a developmentally exciting intervention.

What we have learnt from skills training in our projects:

- **Keep it simple** Many youth have low levels of tolerance for frustration and low levels of perseverance. Tasks should be incremental so that youth can achieve mastery as soon as possible.
- **Keep it appropriate** Gender and cultural taboos exist and cannot be wished away. It does no good to force a reluctant male youth into a sewing class but it may well be possible to interest him in sewing once he understands how sewing is a skill associated with his ability in leather-work or beading.
- **Supervise appropriately** Troubled youth need supervision that seeks to manage behaviour without limiting self expression.
- **View it developmentally** Skills training that involves child and youth care workers is training aimed at meeting evolving and changing needs of youth. Skills training is not mechanistic in a residential care setting.
- **Affirm and reconfirm** Use skills training as an opportunity to build relationships and to affirm strengths. It is powerful because it builds on a sense of accomplishment and an increasing sense of mastery and self-worth. In this context, it is easier to form relationships with youth than would be the case in some less affirming times of their day.
- **Individualise** Youth need to know that their own needs have been considered. Woodwork that requires measuring can only be taught with due consideration for numeracy skills, and electrical skills often need literacy. One can be the medium for the other, but be sure that you understand the youth – do not set them up to fail.

Assessments and programmes

During the course of the project we worked on developing a life space assessment that was relevant and useful. Our monitoring of youth and the people that worked with them resulted in us developing an extensive assessment tool for looking at the life of the youth holistically. We translated this into Xhosa and avoided the use of jargon. The assessment works through all the areas of life functioning of the child or youth and seeks to make sense of his or her needs and behaviour. It aims not only to identify areas where the child may need support but also to understand where the child is coping well and then to build success and strengths into the programme.

We have however recently been notified that part of Project Go is an assessment process based on the Brendtro, Brokenleg and van Bockern (1990) work. As we support increased standardisation in assessment (as long as it is relevant and appropriate) we have not provided our own tool in this manual. However, anyone interested in reading it or finding out more about it should contact the person below.

We also worked on a Goal Attainment Scale as a measure of developmental progress. Focussing on youth we identified 33 goals for the development of an adolescent and identified for each what the treatment programme/intervention system would hope to achieve. Then, for each goal we identified outcomes that would be less favourable and least favourable and those on the positive side that would be better than hoped for. The central point on each five point scale is a realistic and achievable level of functioning that does not idealise "good" behaviour. Using this scale youth are assessed at intervals and the change in scores taken as an indicator of the change in the youth. Separate goals or subsets of goals can be monitored to view the youth's progress in any targeted area.

The scale is used with a five point scoring system for greatest simplicity with -2 reflecting the least favourable outcome and +2 reflecting the most favourable. In using this scale with youth at another Home I have found that some staff are happier with a more sensitive scale that provides 15 points – each of the five categories is broken into three subcategories with a "all of the time/most of the time/some of the time" internal differentiation within the scale. This appears to work well with child care workers whose first language is English but the simpler 5 point scale is preferred for all second language speakers until the scale is translated. The scale itself (but not the scoring sheet) is attached as an appendix.

LIFE SPACE ASSESSMENT	GOAL ATTAINMENT SCALE
Contact: The Residential Care Manager Linda de Villiers King William's Town Children's Home PO Box 482 King William's Town 5600	FJ Coughlan Social Work Department Rhodes University PO Box 7426 5200 EAST LONDON
Tel: 043 6421932 Fax: 043 6422252 e-mail: naccwkt@africa.com	Tel: 0431 7047000 Fax: 0431 7047071 e-mail: fcoughla@dolphin.ru.ac.za

Training: short courses that were bought in

As stated earlier, we were working with existing staff in an existing organisation that already supported the principles of the IMC in terms of our approach to child care. Training was thus more designed to increase capacity than to transform approaches.

The following is a list of short courses that were bought in successfully during the pilot and a comment on their usefulness. Contact details are provided for each.

Name of course:	Core Concepts of Child and Youth Care (Project Upgrade)
Target group:	Child and youth care workers
Organisation or contact person:	NACCW (Project Upgrade)
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Relevant and useful especially for staff with limited training and as a refresher for those with basic training.

Name of course:	Introduction to Behaviour Management
Target group:	Child and Youth care workers
Organisation or contact person:	NACCW (Project Upgrade)
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Relevant and useful.

Name of course:	Life skills
Target group:	Child and youth care workers
Organisation or contact person:	NACCW (Project Upgrade)
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Useful for promoting the concept of working in the life space to provide living skills.

Name of course:	An intro to the management of sexual abuse
Target group:	Child and youth care workers
Organisation or contact person:	NACCW (Project Upgrade)
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Useful and relevant for child care workers working with this issue with limited specific training.

Name of course:	Certificate in the training of caregivers
Target group:	Child and youth care workers with interest and potential in involvement with training of child care workers inside or outside of their organisation
Organisation or contact person:	NACCW (Project Upgrade)
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Skills learnt have benefited the Home

Name of course:	Consultative supervision in child and youth care
Target group:	Senior child care workers
Organisation or contact person:	NACCW
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Equips senior child care workers with skills for formal and on-line supervision.

Name of course:	Professional assault response training (revised)
Target group:	All staff in child and youth care
Organisation or contact person:	NACCW
Address:	NACCW Training PO Box 36407 7702 Glosderry
Tel:	021 696 4247 / 6974123
Fax:	021 697 4130
Comment	Taught manual restraint methods for assaultive behaviour that provide adequate control and minimum risk of injury to the attacker or staff.

Name of course:	Drug demand reduction workshop
Target group:	All involved in work with youth
Organisation or contact person:	SANCA institute for health training and development
Address:	PO Box 10134, Braamfontein, 2000
Tel:	011 725 5810
Fax:	011 725 2722
Comment	A good awareness workshop – covers types and their availability and effects as well as suggestions for managing this problem. Resulted in the development of a policy in the Home.

Name of course:	Drugs and alcohol-related issues
Target group:	All working with youth
Organisation or contact person:	Centre for alcohol and drug studies
Address:	PO Box 6041 Johannesburg 2000
Tel:	011 337 8400
Fax:	011 337 6008
Comment	Extremely relevant as it is geared for the residential care context and deals with prevention, identification and management.

Name of course:	Diversity Training
Target group:	General
Organisation or contact person:	Nico Els (SAPS)
Address:	PO Box 12036 Hatfield 0028
Tel:	012 434 374
Comment	Powerful and relevant. Needs a context of support as it will alter organisational dynamics.

Name of course:	Assertiveness training (Xhosa)
Target group:	Child and youth care workers
Organisation or contact person:	Rhodes University, Dept of Social Work
Address:	PO Box 7426 5200 EAST LONDON
Tel:	0431 7047000
Fax:	0431 7047107
Comment	Valued by the Xhosa speaking-staff who had expressed concern about their role and functioning in a predominantly English speaking staff context.

Name of course:	Interpersonal and counselling skills training
Target group:	Child and youth care workers
Organisation or contact person:	Rhodes University, Dept of Social Work
Address:	PO Box 7426 5200 EAST LONDON
Tel:	0431 7047000
Fax:	0431 7047101
Comment	Requested by workers identifying need to improve skills of dealing with youth in emotional turmoil or crisis.

Name of course:	Programme planning (groups) and recording
Target group:	Child care workers
Organisation or contact person:	Rhodes University, Dept of Social Work
Address:	PO Box 7426 5200 EAST LONDON
Tel:	0431 7047000
Fax:	0431 7047101
Comment	Participants improved skills in daily log recording and keeping of other records; increased knowledge and skill in planning group activities.

Name of course:	Outward Bound (9 day course)
Target group:	Child care team
Organisation or contact person:	Outward Bound (SA)
Address:	PO Box 813 Sedgefield 6573
Tel:	04455 31306
Fax:	04455 31770
Comment	Challenging. Very useful for the project but otherwise more suitable for self selected staff.

Youth Council

With one of the central issues in adolescent development being independence with associated needs for mastery and self-control it was felt that it was necessary to provide the youth with an opportunity for sharing in the day-to-day management and functioning of the organisation itself. Initially staff were very reluctant to pursue this option and gave the following two reasons for their reluctance:

- Many had had experiences (or had shared in the experiences of friends) in organisations where youth representative forums had taken on a militant tone and had resulted in complete breakdown of the system including the intimidation of staff. In these situations youth had used their power, in the perception of the staff, to seek unfair dismissal of staff they did not like.
- Youth in King William's Town Children's Home have a wide range of capacity for managing self-directed activities – many have been assessed to have limited intellectual skills and many are in age-inappropriate standards. Many are also deemed to be behaviourally troubled and immature. It was perceived by some that the youth from this Home would not be able to cope with the responsibility.

After a period of negotiation with staff it was agreed to set up a Youth Council with a limited mandate and to experiment with the process. Each unit elected representatives from its teenagers and they meet with one of the administrators, the occupational therapist and a child care worker. In the early meetings they defined their roles and the issues they could deal with. It was agreed that this was not the forum for dealing with staff issues and that issues related to the discipline of other youth would not form part of the parameters either. The Council is involved in making suggestions for the way time is used in the Home, planning social and recreational activities, shared problem solving about behavioural problems at the Home (but not dealing with individual issues) and for suggesting ways that the needs of the Home and the desires of the youth and children can be brought together.

The process has been handled very cautiously as it was important to be clear about the parameters of the idea. This helped staff to feel less threatened and resulted in youth feeling more involved in decision-making while still providing clear boundaries.

We do not have much to offer others about this process as it is still quite new but would suggest the following general points:

- Negotiate positively with staff – do not dismiss their concerns but place the process in the context of the paradigm and in their understanding of the needs of youth.
- Establish the purpose – before introducing the idea to the children be sure that staff are comfortable with the parameters set. Involve staff and children in final definitions of what a representative structure can and cannot do.
- Work at the pace of the youth. Maintaining their enthusiasm is important and this includes being sure that there are tangible results and success experiences as soon as possible in the process.
- Consider issues of age. We focussed on youth partly because of the pilot project but mostly because we felt the Council gave the adolescent a positive form of peer status. Another reason for focussing on this group was to address staff needs about who could cope.
- Structure in terms of your needs. Other residential care systems such as the Boys' Towns have well established and highly structured youth control systems. A similar system will not

meet the needs or ethos of other organisations. We opted for a much less formal, much more limited approach. It helps to find out what others are doing.

For more information on the Youth Council:

Contact: Catherine Pitt
King William's Town Children's Home
PO Box 482
5600 KING WILLIAM'S TOWN
Tel: 043 6421932
Fax: 043 6422252
e-mail naccwkt@iafrica.com

KWT Community Child Care Forum

During the pilot we experienced great difficulty in putting together a steering committee that would place the community central to our process. Partly this is due to failure to really connect with some sectors in the community but mostly it appeared to be because of a role overload – the people most suitable to make a contribution to our work were already heavily involved in other work. This was an important lesson as it brought to our attention the reality that many committees (management and otherwise) are structures in which busy people are asked to *give something more* to an organisation for very intangible returns. The reality of the SA situation is that there are many people no longer able to simply act philanthropically and that often one needs more than philanthropy to establish an effective structure.

We were at the same time trying to network with other organisations on an informal basis to understand what the other people in our community were doing with youth. A meeting called at the request of the social worker on our team resulted in a realisation that there was a great deal of duplication of effort and ignorance about what other people were doing. We also realised that many people felt isolated in the work they were doing. From this meeting we established a Child Care Forum of all stakeholders in child and youth care in the immediate region. The response has been overwhelming with sustained interest and involvement from small (sometime single person) initiatives; established NGO's, the police, prisons and justice systems and the Provincial Welfare Department. The Forum meets monthly and deals with any items of common interest – there is a sharing of needs and a reporting back on progress. Some training has been provided as has access to information and resources. Generally the Forum is an effective communication conduit and has served to increase co-operation and tolerance in our region.

For more information on the Forum

Contact: Alan Pitt
King William's Town Children's Home
PO Box 482
5600 KING WILLIAM'S TOWN
Tel: 043 6421932
Fax: 043 6422252
e-mail naccwkt@iafrica.com

Staff representative team

To date the staff at King William's Town Children's Home are not unionised and there has been an increasing need, on their part, for a collective voice in the organisation. The decision was taken that it was important to identify what it is that staff needed and how best to create a channel for their needs. The organisation's constitution is being redrafted and as part of that process there were meetings with small groups of staff to discuss their shared vision of the Home. (The aim was to increase a shared, collective sense of the mission of the Home and to increase staff sense of ownership of how and why the organisation works.) At these workshops it was identified that staff had issues about their work lives and the management of the Home that clouded their ability or willingness to consider the Home holistically. A child care meeting at the same time identified many unhappy feelings that had emerged through the process of the Diversity Training. A proactive response was initiated and a meeting of all the staff was called to discuss the issues raised.

This meeting lasted almost four hours and proved unsatisfactory as so few issues could be dealt with and because it was recognised that many of the issues centred around tensions in the staff team itself. The meeting was thus followed up with a series of small group meetings chaired by the Director. At the request of the staff, an outsider (social work student) was used to translate in meetings where this was needed.

At these meetings lists of issues were generated and broad agreement gained for the establishment of an elected representative team that would meet once a month with the Director to raise issues. An election process was undertaken on a ratio of one representative to eight staff members ensuring that there was not too great a sense of distance from the process. Before the first meeting the Director, management team and management committee dealt with issues that could be handled by simple clarification and reference to expected norms of conduct. These included staff concerns about pay equity and working hours; issues of respect and communication and adherence to child care procedures for things like admissions. At the first meeting of the team (August 1997), the following guidelines were established for the functioning of the team and they are provided below in the hope that they will be of use to others considering a similar process:

- 1 Meetings will be held on a monthly basis, as close as possible to the first Wednesday of each month at 9h00 in the Director's office. The exceptions to this rule will be school holiday times and members will be personally notified in advance by the Director if new dates apply.
- 2 The Director will be advised in writing by the last day of each month of the issues for discussion at each meeting, and will draw up the agenda accordingly.
- 3 The purpose of the meeting is to address issues raised by the staff who are being represented, not personal issues of representatives. Representatives must come with a mandate from the group they represent.
- 4 Not more than one and a half hours of work time are allowed for group meetings to prepare the issues to be raised. This meeting should be held at a time that does not disrupt the normal work of caring for children. After the first meeting, feedback from one meeting and preparation for the next should happen at the same meeting each month so that not more than one and a half hours of work time are used each month for preparing for this meeting.

- 5 Of the one and a half hours not more than one half hour should normally be allowed for feed-back to groups.
- 6 Every attempt must be made to resolve personal issues on a personal level before allowing these to become group issues.
- 7 The Director will suggest solutions when these are within his jurisdiction. Other issues will be referred to the management committee for consideration.
- 8 Minutes of the meetings will be made available to representatives in English and Xhosa one week after the meeting. Copies will also be filed in the administrative offices of both campuses for people to read.

In late November 1997 another large staff meeting was held at which it was established that most staff supported the system but that where there were feelings of dissatisfaction the representatives themselves acknowledged that they had not always consulted with their group or given them feedback. It was agreed that a further three month period would be used to see if these concerns could be addressed. Our options after that may include arranging new elections but the team itself will continue to function.

The main points we would draw to the attention of others are:

- Talk to all staff. Break them into groups if necessary to avoid internal conflicts and power issues impacting on the meeting.
- Follow through on promises and decisions.
- Be transparent – avoid meetings that cannot be minuted unless there is a compelling reason and make minutes available to all staff.
- Respect cultural styles of decision-making and consultation and make provision for this process.
- Recognise language rights in meetings and in minutes.
- Adapt the style of meetings – formal meetings on traditional lines of apologies and approval of minutes etc may be intimidating. A member friendly system should be negotiated.
- Follow up on the minutes and make sure that promised action or consultation happens or that issues that should be referred to other groups are referred.
- Provide representatives with training or at least some orientation to their role and how to manage it effectively.
- Promote and support consultation and feedback and ensure accountability of representatives.
- Keep the ratio as small as possible to ensure a real sense of participation.
- Do not use the representative system for stress-inducing communication such as dealing with subsidy cuts.

Substance Abuse Policy

The following is a verbatim copy of the policy that we have developed and negotiated with our staff team and reflects our understanding of what is realistic and achievable in our context. We have tried to keep the policy in keeping with the paradigm while recognising that the control of a substance abuse peer culture is imperative. This control should avoid punitive action whenever possible. It is included here as it is a direct result of the pilot project experiences.

Our policy is:

King William's Town Children's Home

Substance Abuse Policy

DEFINITION OF TERMS AND CONCEPTS

What is a "drug"?

A drug is a substance developed from natural and synthetic origins which causes physiological reactions/changes or a "psycho-active substance" i.e. mood-altering substances, which cause changes in mood, emotions and perceptions.

What is the use and misuse of drugs?

If a drug is used under medical supervision it is meant to aid the body's natural healing process.

When we refer to drug abuse we are primarily concerned with those drugs which bring about serious changes in emotion, perceptions and moods as a result of psycho-active (mood changing) agents in the substance (e.g. alcohol is the psycho-active agent in beer, brandy, wine, etc). Such substances can be obtained legally or illegally, easily or with difficulty, and can be socially acceptable or unacceptable. Not all substances abused by people are drugs. Some, like glue, are manufactured for other uses. For this reason we refer to 'substance abuse' when a person uses anything excessively or incorrectly. Other issues such as the age of the user are also relevant.

The problem does not necessarily lie with the substance, but the method of use - too much, for the wrong reason, at the wrong place and then it becomes abuse. The primary reason for experimenting often lies in the effect on the user's moods/emotions/perceptions. Unfortunately the user often underestimates the nature of the substance, and the amount of control they have over this potentially addictive drug. As their control diminishes the substance's control increases (the process of addiction).

What does substance dependency mean?

Dependency can be physical, social and/or psychological in nature. Physical dependency develops with the regular and repeated use of certain substances. The body itself changes to adapt to the presence of the substance and builds up a tolerance resulting in a reaction when the substance is withheld. Continued abstinence from the substance will lead to withdrawal symptoms which can range from mild to intense and acute.

Psychological dependency develops when the user becomes more emotionally dependent on the effect of the substance - especially when the effect of the substance is precisely what the user desires (e.g. relaxing, calming, stimulating etc).

Substance abuse

One of the confusing aspects of 'drugs' is their classification. To prevent confusion these two most common systems are used: availability (legal versus illegal) and the effect upon the central nervous system. Both legal and illegal substances (drugs and others) can be abused.

POLICY WITH REGARDS TO THE PREVENTION AND HANDLING OF ALCOHOL AND SUBSTANCE ABUSE IN THE KING WILLIAM'S TOWN CHILDREN'S HOME

The King William's Town Children Home strives for excellence and our goal is always that, what we do, should be to our young people's advantage. We also realise that we have to stay relevant and be able to adapt to changing times and circumstances.

After considering this, we understand that:

- We are part of a greater community.
- We are in partnership with parents to ensure the best for their children.
- A wide variety of addictive or habit-forming substances, both legal and illegal, are available within our community.
- Our young people are exposed to such substances through various channels.
- Our young people, parents and child and youth care workers are not always equipped with sufficient information.
- Substance abuse is detrimental for humans on various levels (eg. social, psychological, physical, spiritual, etc).
- We have to equip our young people so that they are less vulnerable to substance abuse and better equipped to deal with life and its demands.

The King William's Town Children's Home accepts this challenge and takes the point of view that substance abuse is an unhealthy and harmful practice, and that the concept of a healthy substance abuse-free life will at all times be propagated and encouraged. Due to the fact that we are also realistic it is also our policy not to condemn young people but to support those of our young people who do need help in this area. In cases where the young person does not wish to make use of such help offered to them, the Children's Home will have no choice but to find alternative care for the young person. This will only be done when all efforts to assist the youth and motivate him or her to accept help have failed and where such a transfer is in the best interest of the young person.

POLICY WITH REGARDS TO PREVENTION

- ★ This policy document will be made available to all young people (or to the relevant professional or parent) who are considered for acceptance to any programme of the Children's Home. All young people over the age of 12 will be required to sign the document indicating that they have read it.
- ★ Where necessary this document will be provided to the young person in Xhosa or Afrikaans and read to the youth who require assistance.
- ★ The Children's Home undertakes to do the following, on an annual basis:
 - present prevention and information sessions to all young people in the care of the Children's Home
 - present prevention and information sessions to the parents of the young people
 - make information and training available to child and youth care workers
 - involve outside organisations and individuals on a consultation basis, as part of a team approach
 - support the founding of positive peer groups (eg. Teenager Anti-Drug Action - TADA)
 - evaluate this policy and adapt it if and when necessary
 - support a healthy, drug-free life through word and deed.
- ★ The Children's Home will include the problem of substance abuse in the young person's individual development programme.
- ★ The Children's Home will see that any young person involved in substance abuse will receive counselling and appropriate support.

POLICY WITH REGARDS TO USE

The use of any habit-forming substance, without a doctor's certificate, is strictly forbidden (eg. dagga, Mandrax, Valium, Wellconol, alcohol, glue, inhalants, etc) at all times and in all places while in the care of the Home.

The Children's Home reserves the right to take action according to policy and procedure if a young person's substance abuse influences his/her functioning i.e. behaviour, academic achievement, school attendance, etc. Random drug detection testing can be done at any time and the young person will be closely monitored.

POLICY WITH REGARDS TO DEALING IN SUBSTANCES

Dealing in any substances previously referred to, which is not the sharing of it but the selling of it, at any time while still being in the care of the Children's Home is strictly forbidden.

Dealing in substances is a criminal offence. If any young person is suspected of - or caught dealing in substances, the Children's Home will investigate. The options available to the Children's Home include offers of treatment and disciplinary action (without police involvement) for first offences only. If the young person continues dealing, the Children's Home will then take disciplinary action, and if necessary, will refer to SANAB (SA Narcotics Bureau) after which normal legal prosecution will take place.

POLICY WITH REGARD TO ACTION TAKEN BY THE CHILDREN'S HOME (AS EMBODIED BY THE MANAGEMENT COMMITTEE, DIRECTOR AND STAFF)

Once a young person is identified as having an abuse problem he/she will be required to contract with a child care worker or one of the other professional staff (Social Workers or Occupational Therapist). This contract will be in writing for counselling, testing or any other required intervention.

- ★ Each case will be considered individually within the framework of the policy and procedures.
- ★ Every case will be dealt with confidentially but parents will be informed and involved.
- ★ Individual symptoms and rumours will not be considered as indicators, but a pattern of indicators (e.g. a decrease in school achievements, a lack of willingness to participate in school activities, changes in behaviour, irregular school attendance, etc) will be investigated
- ★ Rumours, with supporting evidence, will be investigated.
- ★ The principle is to identify and assist a young person in crisis bases on the stated policy belief that substance abuse is harmful and developmentally inappropriate for children and youth.
- ★ Selected staff, who will be specifically trained in this area, will undertake the investigations, and where necessary external professionals will be called in.
- ★ Young people will be referred to identified organisations for assessment and treatment.
- ★ Parents will be responsible for any costs incurred unless alternative arrangements have been made with the Children's Home.
- ★ A contract between all involved parties will be set up. (The school, if appropriate/the Children's Home/the parents/treatment institutions and the young person).

The contract will determine:

- ★ the treatment option as determined by all relevant parties
- ★ that drug detection testing can take place on an ad hoc basis (the costs of which are the parent's). The control of such testing is the Children's Home's responsibility
- ★ that the young person is expected to improve in the areas of behaviour, school attendance, school achievement, etc.
- ★ that the treatment institution must supply the Children's Home with progress reports
- ★ that the content of contracts can be adapted after negotiation with the relevant parties
- ★ that if the parents or young person takes it upon themselves to stop treatment, the Home will consider the contract suspended. Should the young person continue to abuse substances and refuse to participate in treatment his/her placement at the Children's Home will be reconsidered. It is possible that an alternative placement will be sought.
- ★ The Children's Home reserves the right to recommend that, if it is in the interest of the young person and the Children's Home, such a young person be referred elsewhere to complete his/her education.

SIGNATURE:

Signed at on the day of 19.....

Policies relevant to adolescents

In our efforts (especially during this pilot) to ensure that our adolescents are provided with developmentally appropriate and challenging experiences that are different from those offered to other children in care, we identified a need to formally identify the kind of life experiences we were seeking to provide for adolescents and by so doing empower the child and youth care workers and the youth to meet the goals they set themselves. The policy that follows has been workshopped with the staff and with the Youth Council who will be discussing it with their peers. Many of these are opportunities sometimes provided for younger youth with particular needs but it is our aim to ensure that all our teenagers are able to cope independently in the following life skills areas.

Our "procedures" (for want of a better word) for managing youth in the daily routine of their life space is:

1. Mealtimes

All adolescents should be involved in cooking meals, setting tables and cleaning up. Each week adolescents should have the opportunity to take full responsibility for a meal – from planning to setting the table and cleaning up. This should be planned and negotiated with the adolescent and use could be made of a roster. The child care worker should be available and involved to use this as a skills training opportunity.

The skills the adolescent should be learning are:

- basic recipes for culturally appropriate meals that are economical and nutritious
- planning and managing ingredients
- choosing meals appropriate to the weather and occasion
- components of a balanced diet including appropriate quantities of basic food groups
- setting a table – the principles as well as opportunities for creativity and decoration (Special occasions should also be catered for)
- cleaning dishes and the kitchen
- serving others and clearing for others
- basic table manners and eating skills

In general the child care worker should be involved and should assist with planning seating arrangements so that meals are an opportunity to socialise. At least one meal a day should be eaten at a table as a group.

2. Waking up

Changes in waking up routines should be assessed and built into the developmental programme. Creative ways of assisting with this such as hugs, or mugs of tea or coffee should be considered. As the adolescent gets older or is deemed more able to cope, the child care worker should be less and less involved in assisting youth to wake up in the morning. Teenagers should be encouraged to purchase and use an alarm clock and thus to wake up by themselves. The child care worker should supervise and monitor this but the youth must learn independence as it is going to be fundamental to coping at places of work.

Note: this must all be carefully assessed as some youth rely on waking routines to meet needs for relationships and nurturing and these needs must be met in other ways before the routine is changed.

3. Bathing and personal hygiene

The child care worker and the unit should negotiate a routine that contributes to the smooth running and harmony in the unit. The child care worker is responsible for ensuring that each youth is clean, has clean clothes and that a high standard of personal hygiene is maintained. The child care worker should not invade the personal privacy of the youth to meet these responsibilities but should rely on modelling and education and support.

The skills youth need in this regard are:

- washing regularly and monitoring body odour; use of appropriate sprays and roll-ons
- appropriate skin care
- keeping hair clean
- maintaining a neat appearance
- care of teeth
- appropriate care of nails and ears
- sanitary care
- washing and ironing clothing
- neat use of storage space
- dressing for occasions.

Note: While the responsibility in this area rests with the child care worker the youth should be helped to take on more and more individual independent control in this area as in all others.

4. Bedtime routine

The units should adapt bed time routines according to the following principles:

- Teenagers should be allowed to stay up later than younger children.
- The child care worker should know where youth are at all times and they are responsible for youth who are out after dark. Inappropriate after dark activities should not be happening.
- Visiting friends, attending youth activities, sport and adult education are examples of appropriate reasons for youth to be out at night. Youth should be encouraged to be involved in activities other than watching tv at night. Hobbies, reading, games and homework are examples.
- A washing routine should be established.
- Teenagers need 8 hours sleep a night so routine should allow for this. Thus youth expected to be up at 6am should not go to bed later than 10pm depending on the amount of time needed for waking, dressing and breakfast routines.
- More flexibility should be allowed on weekends especially linked to planned activities but a routine is needed during the week..
- No sexual activity should be happening in the units and child care workers should be very conscious of the sex education needs of the youth.
- Every youth has the right to sex education.

Youth should be involved in establishing the specifics around these principles so that self-control and independence are taught.

5. Clothing

Depending on individual needs each youth should be encouraged/taught to:

- wash his or her own clothes
- iron clothes
- mend own clothes.

The role of the child care worker is to supervise and see that these activities occur.

The child care worker will teach the youth how to choose clothes for different occasions and assist in planning a wardrobe but youth should be encouraged to buy their own clothes. The personal choice of the child care worker cannot take precedence over societal conventions and norms such as what can and should be worn to church and school. Education about revealing and skimpy clothes should be given but child care worker should be conscious of the need of the adolescent to fit into a peer group and dress accordingly.

The youth's privacy must be respected. Cupboards should be kept tidy and if there is to be an inspection the youth must be told in advance and must be present.

For this policy to be effective the following must be in place:

- adequate "start up" clothes on admission
- access to own space for storing clothes
- clothing allowance and access to second-hand or donated clothing
- opportunity to wash and iron clothes
- education about appropriate dress and issues of co-ordination such as matching colours and appropriate clothing for weather and season
- education about changes of clothing needed
- education about packing a weekend or holiday case
- access to sufficient and appropriate components of a school uniform.

6. School and homework

Each youth should take personal responsibility for being at school on time. Schools should control consequences but child care worker should be informed.

Each youth should keep their own uniform tidy – this would involve washing and ironing needed items the night before and mending buttons and tears under the supervision of the child care worker. Feedback needs to be given on appearance but this must be done sensitively and with a view to identifying strengths. The child care worker is responsible for the appearance of youth who leave the unit and should thus provide education on issues such as neatness.

Each youth should be involved in establishing their own work or study roster and should have somewhere appropriate to sit and work. Youths of similar standards could be encouraged to work together. Child care worker should monitor homework and see that it is completed and offer or locate help in the areas where it may be needed. Any gaps in the youth's ability at school should be brought to the attention of the team.

Stationery and books are supplied by the child care worker (obtained from the office during mornings only). Losses or careless damage will be the responsibility of the youth who will have to pay for replacements.

When youth have no homework they should be encouraged to read or study or be involved in other quiet activity such as drawing while others work. The activity should require concentration.

School subjects and planning for work and careers should be discussed in the units. The child care worker should be aware of the permanency plan and ensure that optimum use is made of the time in care to maximise learning about appropriate future planning and to further education as far as possible.

7. Garden responsibilities and environmental appreciation

Each youth should have a shared responsibility for the garden around the unit – this includes the grass, weeding and caring for plants. The administrative manager can be approached if money is needed for the purchase of plants or seedlings. Where the child care worker does not have the skills to manage the garden the help of the maintenance staff should be requested. Gardening equipment is available from the same source and should be returned.

Youths should be encouraged to keep pot plants and to pick up litter on the premises – these activities are used to encourage appreciation of the surroundings and of the natural environment. Opportunities such as arbour day and environmental awareness week should be exploited with full youth involvement. Other activities could include debates; competitions; nature walks; outings and posters can be used to promote awareness.

8. Weekends

Youth should be involved in planning a variety of activities for weekends. These activities should be diverse. Planning should happen in time (by Thursday) to allow for practical details such as transport to be arranged. Activities could relate to school, sport, church or a community activity (watch the banners and posters in town and in the paper). Chores such as spring cleaning are also valuable. Celebrations such as prizes or end of term or birthdays should be created. The role of the Child care worker is to facilitate the planning so that something positive and meaningful happens in each day of the youth. Skills that are taught include managing time and planning and appropriate use of time. These activities also prevent boredom and keep youth out of trouble.

9. Holidays for youth staying in

Similar to the weekend schedules youth should plan the use of holiday time and the Child care worker should facilitate special events that are developmentally appropriate and provide positive moments for the youth. These need not be complex or expensive.

10. Private Space

Each youth should be encouraged to decorate his or her own space. The sleeping space of each youth should reflect individual styles and interests. Youths can use plants, books, magazines or posters or any other item to decorate their space.

Identifying with personal space increases a sense of belonging and individuality and for the self-discovery needs of an adolescent this is very important.

Child care worker to encourage decoration by giving ideas and through the provision of activities, crafts or hobbies.

Conclusion

This manual has tried to highlight some of the things we have learnt from this pilot project and present them in a way that is accessible to other organisations. We need to reiterate that we are simply presenting our learning curve and we recognise the uniqueness of all other contexts. The value of what we present depends on your needs at any particular time and we hope only to add to the process you are undertaking.

Acknowledgements

As always, the support of the IMC (financial and practical) is acknowledged with thanks for the opportunity provided.

The manual has used the work and learning of the whole team. Special mention must be made of the contributions of Linda de Villiers and Catherine Pitt in the writing of material for the manual.

The manual was compiled by the project researcher (FJ Coughlan) in collaboration with the team - the full Manual was presented to the IMC although it contained much work done at the Home that was only indirectly linked to the IMC pilot project. This was done in recognition of the importance of sharing information and the recognition of the inalienable connection between the general transformation of the Home and the process of the IMC.

Name of rater: _____

Project name: _____

Please refer to the detailed instruction sheet that accompanies this before beginning the rating.

	Goal	Least favourable	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
1	Self esteem	Very low self esteem or lower esteem than previously	No change in self esteem.	Generally positive self esteem. Youth feels good about self most of the time.	Positive self esteem that needs reinforcing but is generally stable.	Strong positive self esteem that manages to cope with knocks almost all of the time.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
2	Solving interpersonal problems	Increased interpersonal conflicts with less ability to deal with them constructively.	Increased conflicts or less ability to deal with them. Aggression or bullying quite common.	Decrease in conflict and increase in ability to deal with it. Very limited use of aggression or bullying.	Usually able to deal with conflict without resorting to aggression or bullying	Almost always able to resolve conflict constructively
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
3	Relationships with friends	No close friends and unable to sustain friendships	A few friends but a great deal of destructive conflict	Positive friendships with one or two people that are sustained over time. Conflict is natural and well handled.	Positive close friendships with more than one or two people. Sustained over time. Constructive ways of managing differences.	A few good friendships that are mutually beneficial and are not damaged by conflict. Sense of support.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome			Less favourable outcome			Expected outcome			More favourable outcome			Most favourable outcome		
4	Relationships with other peers	Mostly negative			Often negative but occasionally positive			Generally positive and tolerant. Appropriate levels of involvement and expectation. Able to deal with some disappointment.			Generally positive and able to survive disappointments and conflict. No scapegoating or bullying at all.			Exercise positive influence in the peer group at all times without sacrificing mutually beneficial relationships.		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
5	Relationships with child care workers	Suspicious and negative across the board or excessive dependence on one worker at expense of other relationships.			Strong variance between workers but generally not positive. Has managed to develop tenuous relationships with other workers.			Fairly positive with most but some sense of feeling better with one or other worker. Able to tolerate all workers and to respond adequately to all.			Almost always positive and although appropriate attachment there is no dependency			Generally positive with appropriate attachment. Able to handle changes.		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
6	Relationships with other staff	Suspicious and negative across the board or excessive dependence on one worker at expense of other relationships.			Strong variance between workers but generally not positive. Has managed to develop tenuous relationships with other workers			Fairly positive with most but some sense of feeling better with one or other worker			Almost always positive and although appropriate attachment there is no dependency			Generally positive with appropriate attachment. Able to handle changes.		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
7	Relationship with authority figures such as teachers	Suspicious, negative, manipulative	Mostly a little strained but selective in terms of who is rejected	Generally positive and respectful but still wary of some	Generally appropriately respectful with understanding of the role of the other person	Able to interact positively and with due respect for role differences
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
8	Substance abuse	Increased	No change in use or beginning to show signs of use	Indications of willingness to give up and a decrease in use incidents	No longer abusing or actively using help. OR Apparently not using and probably conscious of reasons not to use.	Not using and able to influence peers not to use.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
9	Reasoning	Only concrete and self centred	Mostly concrete but able to consider abstractions if assisted	Able to use abstract reasoning fairly independently. Resort to concrete only when in crisis	Able to maintain some abstract reasoning even when in crisis. Occasional use of purely concrete.	Flexible and able to keep abstract reasoning going even under quite severe stress.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
10	Locus of control (is the child controlled by the rules or by their own sense of what is right and wrong)	External - only controlled by fear of consequences or of being caught. When not under surveillance is likely to contravene rules readily.	Mostly external locus of control. Able to use internal locus only if gains are likely to be fairly immediate	Aware of external locus but can usually be relied on to control own behaviour even without reinforcement	Can be relied on most of the time to control own behaviour.	Can always be relied on to control own behaviour.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
11	Fit between emotional reactions and events (Appropriateness of emotional reactions)	Often over reacts or reacts inappropriately to events	Tends to react inappropriately but able to be influenced by reason	Usually reacts appropriately reverting to inappropriate reactions under stress only. Will respond to intervention	Usually able to react appropriately - if reacting inappropriately is able to bring self under control	Rarely reacts inappropriately and is able to control self when needed.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
12	Social perception (empathy)	Usually unable to view issues from other people's points of view	Normally unable to understand how other people feel but open to being spoken to. What empathy there is is based on similarities with the other person eg gender.	Aware of how other people feel and only losing that under stress. Easier to be empathic with similar people eg gender, race but some sensitivity to others who are different.	Sensitive to others - able to actively seek opportunities to demonstrate empathy. Rarely not empathic.	Showing empathic maturity and able to take the lead in bringing others to awareness of different perspectives. Able to do this with people who are quite different eg different gender
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
13	Problem solving	Weak. Easily frustrated. Resists problem solving attempts. Unable to take responsibility.	Able to solve problems only if guided through the steps by an adult. Easily frustrated. Hard to re-engage	Able to seek solutions for many problems and able to use adult assistance as needed. Still easily frustrated but readily re-engaged	Able to solve most problems, seeks adult and other assistance as needed. Patient and persevering.	Good patience and perseverance. Evidence of lateral and abstract thought. Uses help only when needed and then keen to regain independence.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
14	Awareness of impact of own behaviour on others	No awareness or deliberate provocation OR extreme sensitivity and over reaction to others perceptions	Limited awareness but reluctance to change own behaviour OR over sensitive to impact on others and always trying to please	Often willing to modify behaviour according to other's reactions but requires assistance to make the link in the first place OR comfortable with other's reactions	Often able to recognise impact of own behaviour independently and to change behaviour. OR able to decide when not to change behaviour	Always sensitive to the impact on others but assertive enough to make good decisions about changing behaviour.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
15	Leadership	No use of leadership at any stage except in a negative way	Often leads negatively but can be channelled	Developing positive leadership skills but not able to initiate own positive opportunities	Positive leader who is able to find opportunities to lead	Natural and positive leader
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
16	Perseverance / ability to follow through	Extremely limited with almost no ability to handle frustration	Limited but can be guided and encouraged. Not able to stick it through alone	Developing including better ability to keep self motivated	Fairly high ability to stick with a task. Needs only occasional redirection	Good ability to stick with difficult tasks - end result is its own reward.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
17	Social adaptation (conforming to social standards and norms)	Frequent inappropriate behaviour with no insight	Regular inappropriate behaviour but insight is emerging	Generally able to identify the appropriate response in a given situation. Occasional slips	Normally able to keep own behaviour within social norms - able to understand why and seeks opportunities to extend skills.	Comfortable with a wide range of social skills and able to handle self appropriately in most ordinary settings.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
18	Distractibility	Very easily distracted and not able to refocus	Easily distracted but can refocus with help	Fairly easily distracted but able to refocus self	Not that easily distracted and able to refocus self	Able to resist most distractions and keep self focussed
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
19	Attitude to schooling	Negative consistently	Usually negative but compliant	Balanced with a willingness to learn	Positive most of the time	Dedicated
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
20	Sexuality	Inappropriate behaviour or limited knowledge or dangerous actions	Limited knowledge but able to act with some control	Responsible and age appropriate	Good knowledge and exerts positive influence on some peers by example	Good knowledge and attitude and actively seeks to exert positive influence.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
21	Assisting others eg community service	Actively resists and questions the value	Reluctant participant	Participates with encouragement. Will become excited once started	Eager to participate	Seeks own avenues for doing this
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
22	Awareness of own strengths	No sense of own strengths or completely unrealistic expectations	Fragile sense of own strengths but open to encouragement	Some awareness of own strengths and of ways of using them. Keen to develop	Good awareness of own strengths	Able to assess strengths without help
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
23	Environmental sensitivity and reaction to property (relates to actions in the env rather than attitude)	Apparently random acts of destructiveness. No attempt to control littering.	Destruction of environment related to other incidents eg stress. Littering still an issue but perhaps more context specific	Non destructive behaviour. Very little littering.	Involved in improving environment under supervision. (Eg will get involved in clearing up litter if asked to)	Actively seeking opportunities to improve environment (self initiated). Eg will initiate clean ups alone.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
24	Reports from hosts or parents	Youth is worse off than before this intervention	Some improvement but not sustained	General sense that the youth is happier and better off	Some areas of improvement are quite dramatic	Dramatic improvement in the youth
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
25	Truancy	Dramatic increase	No change or some truancy still evident	Minimal truancy	No truancy	No truancy - very particular about keeping to being on time
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
26	Sense of responsibility	None	Very little - only able to sustain with supervision	Some - needs some encouragement	A fair amount - needs very little supervision	High
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
27	Absconding (refers to attempt to run away with no apparent intention of coming back)	Very frequent	Less than before but still happens	Almost nothing if there was some	Less than before and happens rarely	None
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
28	Brushes with the law	Fairly frequent or isolated serious ones	Less than before but still happens or could happen if youth was caught	Less illegal behaviour	Very rare incidents of illegal behaviour	None
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
29	School reports	Worsening of behaviour	No change	Improvement of behaviour and attitude some of the time OR behaviour has remained acceptable to school	Improvement of behaviour and attitude most of the time	Dramatic improvement or ongoing responsible and dedicated behaviour.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
30	Communication skills	Poor communication skills in that this youth is rarely willing to speak to people other than those he/she knows really well.	More able to express thoughts and feelings than used to be but still a little lacking in confidence.	Able to communicate thoughts and feelings if given opportunity. Most confident with some people but not completely withdrawn with others.	Communicates well - a little less well with strangers than with known people.	Almost always able to express thoughts and feelings assertively and confidently. Able to speak to strangers and known people.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

		Least favourable outcome	Less favourable outcome	Expected outcome	More favourable outcome	Most favourable outcome
31	Use of spare time	Unable or unwilling to use spare time creatively. Frequently bored. Dependent on others for use of time.	Some effort to entertain self but not usually able to use spare time without encouragement or direction.	Able to keep self busy for some time and only needing direction occasionally.	Usually able to entertain self in spare time.	Almost always able to entertain self and sometimes able to structure time for others.
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
32	Leaving property without permission or against instructions / rules (Not absconding)	Frequent	Regular but not as frequent as it used to be. OR More often than it used to be (depending on the youth)	Decrease is evident although still happening.	Very rarely	Never
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
33	Involvement in skills training	Resistance or no involvement	Reluctant participation that is not sustained unless strongly supported by staff	Involvement in appropriate skills training or appropriate alternative maintained with staff support	Self motivated participation even when not supervised	Using skills to initiate ability to serve others or generate income. Doing this independently
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

For additional information please contact: Felicity Coughlan, Rhodes University, PO Box 7426, 5200, EAST LONDON
Please acknowledge the IMC and this source if this is used.

KING WILLIAM'S TOWN CHILDREN'S HOME

PROGRAMME EVALUATION/ LIFE SPACE ASSESSMENT

To provide children with services that are designed to maximise their development it is necessary to assess the whole life space of the child. This is by its very nature a time consuming process. The attached assessment form is designed to give you as focussed an opportunity as possible to fully explore the life space of this child. This means that we need to consider both the child's development and the experiences we create around the child.

Please work through this assessment systematically – perhaps do one section at a time. There are nine sections – at the end of each section you are asked to summarise the information. This will assist with programme planning and will help you to focus on what you need to do with this child in the near future. It will also help you identify what you need to get other people to do with or for this child.

The nine sections are:

- A Biographical details of child
- B The life space of the child; the child care worker
- C Peer relationships
- D Community
- E Functioning of the child
- F Managing the child
- G Health and social skills
- H Education and cognition
- I Working with the child

Please consult with the child and significant others whenever you can. Please give reasons or examples whenever you can.

Thank you for taking the time to do this properly. This is in the interests of the child and in the interests of people working with the child as it enables identification of what support you need to work effectively with this child.

SECTION A : BIOGRAPHICAL DETAILS OF CHILD/ YOUTH

1. IDENTIFYING DETAILS:

Name Of Child:

Date Of Birth:

Date of Report:

Age At Time Of Report:

School Attended At Present: Grade:

If not attending school where is the child being trained:

Child Care Worker/s:

Date Of Admission To Home:

Period In Years And Months Of Stay In The Home:

Agency: Social Worker: Tel:

PERMANENCY PLAN:

IMPORTANT DOCUMENTS

Does the child have a birth certificate? ☐

If not, what action are you taking (give a date when this action was started, or report on progress of action if action was started before last programme evaluation) ?

If the child is 16 years or older, does he/she have an identity document? ☐

If not, what action are you taking (answer as for birth certificate) ?

2. ORIENTATION:

2.1 Background report

Give a brief background report on the child from the time he left the care of his biological parents until he was admitted to children's home, mentioning other placements e.g. relatives, foster care, places of safety, children's homes, etc. (Consult file and ask the child)

2.2 Child care workers since admission to this home

Names of all previous child care workers since admission and location of House / Unit	Length of time in their care (give dates where possible or when child moved)

2.3 Hosts:

Give details of current hosts and if child has no hosts indicate the reason for this if known.

Name:

Address:

Telephone: Home: Work:

If no hosts – please give reasons or plans to get hosts that are in place.

2.4 Child's key person: (The staff member with whom the child has the closest relationship – not necessarily the child care worker).

3. FAMILY AND SOCIAL RELATIONSHIPS

3.1 Family members with whom the child has contact:

Name of family member	Relationship to child

3.2 Nature of family contact

3.2.1 Do the family visit the Children's Home? ☐

Who visits?

How often do they visit?

Give a brief evaluation of these visits:

(eg. Is there physical contact? Does the visitor interact with child? How does the child react before, during and after the visits? Does this differ from visitor to visitor? Etc)

3.2.2 Does the child visit the family? ☐

Whom does he/she visit?

How often?

Give a brief evaluation of these visits:

(eg. How does the child react? Should they be encouraged or discouraged? Does the person responsible get the child back to the Home at agreed times? Does the child appear well cared for on his or her return?)

3.2.3 Does the child receive phone calls? ☐

Who phones?

How often?

Give a brief evaluation of these phone calls?

3.2.4 Does the child receive letters? ☐

From whom?

What is the child's response to these letters?

3.2.5 Does the child write letters or make phone calls? ☐

Briefly describe:

3.1 Frequency of contact with significant / special other people.

How frequently does the child see the following? (If the child does not have one of these people eg grandparents mark the whole section "not applicable"):

	Daily	Weekly	Monthly	Short holidays only	Long holidays only	Irregular	Never
Mother							
Father							
Other person with parental responsibility such as step parent, aunts or uncles							
Grandparents							
Brothers and sisters not in this children's home							
Brothers and sisters in this home							
Previous carers eg. foster parents							
Others							

3.4 Describe any contacts which do not appear beneficial to this child

3.5 If the child has insufficient contact with parents, what steps are being taken to develop a close relationship with another adult - relative or friend? Discuss:

3.6 Are ALL contacts being recorded on the Contact Sheet in the Daily Diary? ☐

3.7 Has the child had continuing contact with at least one adult throughout his/her life? If so who is this adult and what is the nature of the contact? If not - who is the person with whom this child has had the longest contact?

Please record this person's name, address and telephone number:

SECTION B: THE LIFE SPACE OF THE CHILD: CHILD CARE WORKER

4. THE CHILD CARE WORKER:

4.1 Relationship with child care worker/s

Describe how the child gets on (relates with) his or her current child care worker/s? Mention at least one area of the relationship that is positive and at least one that you need to work on.

What phrase/ word best describes the relationship.

Poor relationship most of the time	Poor relationship some of the time	No obvious problems	Good relationship some of the time	Excellent relationship most of the time
------------------------------------	------------------------------------	---------------------	------------------------------------	---

Does the child choose to be with you (the child care worker)? (That is does the child seek you out to spend time with you.)

For what purpose? (What do you think the child wants from this contact)

4.2 Is the child able to tease and challenge you playfully or appropriately? How often does this happen - give an example. If it does not happen please try to explain why not.

4.3 What role does the husband of the child care worker play in the life of this child? Describe the relationship.

4.4 Physical affection

Does the child care worker/s show physical affection to the child?

Often	Sometimes	Seldom (Not at all often)	Never
-------	-----------	---------------------------	-------

Does the child express feelings and affection towards the child care worker physically?

Often	Sometimes	Seldom (Not at all often)	Never
-------	-----------	---------------------------	-------

Do you experience the way the child expresses feelings physically towards you or other people as appropriate? Give recent examples.

4.5 Describe the "special" times you have with this child?

--

4.6 How often do you spend individual time with this child? Is the time planned in advance? Does the child seem to look forward to this time?

--

4.7 How willing is the child to speak about their day's experiences outside of your House? How often do they do this? If this is not done often what are you going to do to encourage them to speak to you?

--

4.8 What activities do you and the child enjoy doing together?

--

SECTION C: PEER RELATIONSHIPS

5. PEER RELATIONSHIPS

5.1 Significant peer relationships

Please fill in the names of the children with whom the child has the following sorts of relationships:

Relationships of conflict (children with whom this child does not get along)	

Superficial relationships (children with whom child has relationships that do not appear very meaningful)	

Close relationships (children with whom child has good relationship / meaningful relationship)	

5.2 Nature of peer relationships

How best would you describe the peer relationships of this child?

--

What word best sums up these relationships?

Dominant	Co-operative	Submissive

5.3 Is the child ever a victim of the following? If yes please indicate how often this happens.

Teasing			
Often	Sometimes	Hardly ever	Never

Bullying			
Often	Sometimes	Hardly ever	Never

Scapegoating			
Often	Sometimes	Hardly ever	Never

If the child is ever victim of any of these what plans are in place to deal with this?

--

5.4 Does the child often engage in any of the following towards other children?

Teasing			
Often	Sometimes	Hardly ever	Never

Bullying			
Often	Sometimes	Hardly ever	Never

Scapegoating			
Often	Sometimes	Hardly ever	Never

If the child does engage in any of these what plans are in place to deal with this?

--

5.5 How often does the child get involved in conflict with other children? What form does the conflict take?

--

5.6 Does the child visit friends or is the child visited by friends? How often does this happen? Are these friends also in the care of the Home?

--

How often does the child visit / receive visits from children not in the care of the Home? What efforts do you make to make this kind of visit possible.

--

5.7 Is the child able to approach other children appropriately? Describe.

--

5.8 Is the child able to be considerate towards other children? Give a recent example or explain.

--

5.9 Does the child defend his or her friends? Does the child "tell tales" on his or her friends?

--

5.10 How able is the child to share? What sharing is particularly difficult / easy for this child?

--

SECTION D: COMMUNITY RELATIONSHIPS

6. COMMUNITY:

Apart from immediate family, whom does the child have contact with outside of the Children's Home? e.g. More distant relatives, family friends, etc. Give names and addresses where possible and indicate relationship to child. Also add any information that these people (or the child him or herself) think is relevant to their relationship with the child.

	Name	Address	Telephone number	Relationship to child	Comment
Adults					
1					
2					
3					
Peers					
1					
2					
3					

Do any of the above represent a secure base for the child in the community?

--

Describe any effort the child makes to initiate contact with the above?

--

Give details of the efforts you make to encourage the child to visit in the community.

--

Give details of how you encourage the child to bring community children to the Home?

How able is the child to cope with social norms? Explain or give examples.

What social skills should we be teaching this child?

SECTION E: CHILD'S FUNCTIONING

7. SOCIAL, EMOTIONAL, PSYCHOLOGICAL & BEHAVIOURAL FUNCTIONING:

7.1 Rating the characteristics of the child.

Rate the child on the following criteria by putting a cross over the appropriate number. While we accept that these are labels that will not always apply we would like you to rate the child as he or she most often appears to be.

STABLE	1	2	3	4	5	UNSTABLE
INDEPENDENT	1	2	3	4	5	DEPENDENT
SELF-CONFIDENT	1	2	3	4	5	NOT SELF-CONFIDENT
SOCIABLE	1	2	3	4	5	UNSOCIABLE
SOCIALISED	1	2	3	4	5	UNSOCIALIZED (Not knowing social skills)
HAPPY	1	2	3	4	5	UNHAPPY/SAD
ENERGETIC	1	2	3	4	5	LETHARGIC (Not having much energy)
MOTIVATED	1	2	3	4	5	UNMOTIVATED
POSITIVE	1	2	3	4	5	NEGATIVE

Specify any recent changes in the above ratings or make any comments.

7.2 Positive social characteristics (behaviours that make the child likeable).

Indicate which of these behaviours the child normally demonstrates:

Friendliness

Creativity

Sensitivity to others

Generally cheerful

Warmth

☐
☐
☐
☐
☐

Other (Please list at least 2)

7.3 Routine and discipline

How well does the child follow routines and respond to adult instructions?

What does the child rely on to control his or her behaviour? (It may be that more than one of these applies).

☐
☐
☐
☐
☐
☐
☐

Own sense of what is right and wrong?

Peer pressure?

Constant reminding from adults?

Strong action on part of adults?

Fear of getting caught?

Desire to please adults?

Other?

Comments:

7.4 Group interaction

How easily does the child participate in group activities?

What kind of leadership does the child show other children and what kind of role model is he or she?

Does the child avoid group involvement? Explain if answer is Yes.

7.5 Coping with emotion

Describe how the child deals with:

Physical hurt

Emotional hurt

Sadness

Joy

Anger

Disappointment

Excitement

7.6 Protecting him or herself

What defence mechanisms does the child use eg. (Projection, Denial, Attack, Regression, Withdrawal, Fantasy?) Explain

--

7.7 Troubled behaviour

Troubled behaviour (Tick appropriate column and state whether it occurs never, seldom or always. In the strategy column indicate how this is being dealt with by you at present.)

Behaviour	Never	Seldom	Often	Always or very often	Strategy
Aggression (Verbal)					
Aggression (Physical)					
Clinging (marked)					
Cries (Excessively)					
Destructiveness					
Behaviour	Never	Seldom	Always	Often	Strategy for managing behaviour
Eating problems (weight change or change in pattern)					
Facial grimaces /expression					
Fearfulness					
Finger and thumb sucking					
Hair twirling or pulling out					
Hand wringing					
Head banging					
Infantile or possessive					
Irritability					
Lying / Fantasy					
Manipulative					
Nail biting					
Oppositional					
Play (disinclined)					

Provoking others					
Quiet (Extreme)					
Rocking					
School refusal					
Self destructive (Suicide threats and attempts, substance abuse, cutting)					
Sexual behaviour - Inappropriate					
Shy (Excessive)					
Sleeping problems (settling at night, nightmares, terrors, sleepwalking, insomnia)					
Stealing					
Temper tantrums					
Behaviour	Never	Seldom	Always	Often	Strategy
Tics/Tremors or twitches					
Truancy					
"Monday morning sickness"					
Others (Please specify.)					
Others					

How does his/her behaviour affect the other group members?

--

When involved in these behaviours how does the child respond to adults? Does he/she resist, ignore, deny or respond in other negative ways?

--

How does his/her behaviour towards you make you feel?

Describe the child's ability to tolerate frustration? Does his/her ability for self-control break down under certain circumstances? What are they?

In your opinion, what is the child trying to accomplish with his inappropriate behaviour?

What are the things that set off inappropriate behaviour? (What do you think causes the behaviour or what is happening just before it all starts).

In your opinion is the child hyperactive?

(Can't sit still, runs around, climbs excessively, cannot focus, always "hyped up", restless sleeper).

Is this child impulsive? (shifts excessively from one activity to another, has difficulty waiting for turn, needs a lot of supervision, often acts before thinking)

Does this child have temper tantrums? How frequently? What causes them?

If the child suffers from either of these indicate the frequency, treatment being used and the outcome of the treatment.

	How often does this happen	For how long has this been happening	What treatment has been used?	What results have been shown?
Encopresis (soiling)				
Enuresis				

Are you recording occurrences of enuresis/encopresis on the chart in the Daily Diary? ☐

Is the child able to get on with unknown adults without being over-friendly or attention-seeking? Discuss.

Does the child ever report "ODD" or bizarre thoughts, events, feelings, dreams? Any odd behaviour that you have noticed?

7.8 Abuse experiences

Has this child experienced physical abuse or severe bullying? Discuss.

Has this child experienced sexual abuse? Discuss.

8 SELF-CONCEPT/SELF-PERCEPTIONS

How does this child view him/herself? (Draw on your experience of the child or speak to the child if at all possible.)

LUCKY	1	2	3	4	5	UNLUCKY	Don't know
GOOD	1	2	3	4	5	BAD	Don't know
SUPERIOR	1	2	3	4	5	INFERIOR	Don't know
ATTRACTIVE	1	2	3	4	5	UGLY	Don't know
CLEVER	1	2	3	4	5	STUPID	Don't know
SELF-TRUSTING	1	2	3	4	5	SELF-DOUBTING	Don't know

Other than these how would you describe the way the child feels about him or herself?

SECTION F: MANAGING THE CHILD

9. PREVENTIVE AND SUPPORTIVE TECHNIQUES

What type of motivation seems to work best for this child?

Does the child respond to praise and encouragement or is he/she more likely to respond to material reward?

What activities does the child enjoy and benefit from the most?

10. MANAGEMENT TECHNIQUES:

How well does the child respond to verbal instructions?

Can the child follow more than one instruction at a time? If not what happens if more than one instruction is given?

How effective is isolation from the group as a management technique. Explain.

Have you ever had to use physical controls/restraints? If so describe the child's reaction.

What consequences appear to be the most effective for this child?

SECTION G: HEALTH AND SELF CARE

11. HEALTH, PHYSICAL ASPECTS, SELF-CARE SKILLS AND SOCIAL PRESENTATION:

11.1 Appearance

How well cared for does the child appear?

How much does the child care about his or her appearance?

How appropriate to his or her age and peer group are the child's clothing choices?

If choices are not appropriate what action are you going to take to correct this?

11.2 Communication and social interaction

Is there anything about the child's communication which worries you? (eg. Is there appropriate eye contact? Can the child maintain eye contact? Do you land up doing all the talking. Does the child have age-appropriate vocabulary to talk to you? Is the child able to respond to open-ended questions.) Describe giving recent examples where possible.

Can other children and adults understand what the child says? ☐

If not what is being done to assist with this?

Has the child learnt to say please, thank you, excuse me, etc?

Given the developmental age of the child do you believe that he or she can adjust behaviour/conversation to a wide range of situations eg. while visiting, on public transport, places of entertainment, at church, in the street, etc? ☐

Is the range of situations increasing. Please explain. If not what are you doing to help the child increase the range of situations in which he or she is able to function well?

11.3 Habits and routines.

What are the child's table manners like? (Satisfactory, sloppy or overly concerned)

Does the child have regular or irregular toilet habits?

How does the child carry through the followings tasks ?

Tasks and Routines	No supervision	Little prompting	Needs direct supervision	Very resistant
Bathing self				
Brushing teeth				
Care of own possessions				
Clipping and cleaning finger- and toenails				
Clothing: hanging up or folding and putting away				
Dressing self				
Household tasks				
Making own bed				
Making own snack/drink				
Money handling (able to identify and check change)				
Choosing appropriate clothes (weather, occasion etc)				
Personal Hygiene and Cleanliness				
Street and traffic behaviour appropriate				
Table manners				
Telephone answering				
Telling the time				
Toys, games etc put away after playing				
Other				
	No supervision	Little prompting	Needs supervision	Resistant

Does the child know his/ her home and Children's Home telephone number? ☐

Does the child know his/her home and Children's Home physical and postal address? ☐

11.4 Medical

Has the child had a medical examination since admission/last review? If so please give the date(s).

What were the recommendations?

Have all these been carried out? ☐

If not, who will take further action, by when?

Is this child's Immunisation Card up to date? ☐

If not, by when will you do this?

Are all medical appointments, illnesses and medication given, entered on this child's medical card? ☐

Has the child been prescribed glasses? ☐

Does s/he wear them? ☐

Have any visual and/or hearing abnormalities/problems been noted? ☐

What are you doing about these abnormalities/problems?

Is this child visiting the dentist every six months? ☐

If not, what are you doing to ensure that this will occur?

Have all dentist visits been recorded on the Medical Card? ☐

Does the child have any allergies? ☐

What are these and how are they managed ?

Is this child receiving necessary treatment for all chronic or recurrent medical conditions (eg. asthma, eczema, epilepsy, etc) ☐

Have all these been recorded on the Medical Card? ☐

Are all physical problems (e.g. squint, poor eye-sight, hearing problems) being dealt with? If yes - list the problems being dealt with; if not list the problems still needing attention. ☐

List medical problems or illnesses in past 6 months:

Has the child been admitted to the hospital since admission/last review? Give details.

--

How often does this child tell you that they are ill? Are there any times that you feel that these illnesses do not have physical causes?

--

11.5 Physical characteristics

How old is this child? ☐

Is this child small, average or big for his/her age? ☐

Does the child have a large, average or small appetite? ☐

Is the child over or underweight (give weight)? ☐

What is this child's height? ☐

Give date when weighed and measured ☐

Is growth within normal limits? ☐

If not has this child been referred for advice and/or treatment? ☐

What are your impressions of his/her overall physical appearance?

--

11.6 Motor abilities

Is the child's co-ordination good, average, or poor? ☐

If there is a gross motor or perceptual motor difficulty, how does it show? If these concepts are not familiar to you - do you have any concerns about the child's co-ordination? Please describe.

--

Please tick the ones below that this child can do:

- ☐ Can the child hold a fork?
☐ Can the child catch a ball thrown from a distance?
☐ Can the child run?
☐ Can the child hop?
☐ Can the child skip?
☐ Can the child jump using both feet?

- ☐ Can the child swim?
☐ Can the child ride a bicycle?
☐ Can the child play a musical instrument?
☐ Can the child thread a needle?
☐ Can the child stand on one foot for 10 seconds?
☐ Can the child cut accurately with a pair of scissors?
☐ Can the child pick up pins off the floor?
☐ Is the child's hand-writing age-appropriate?

Describe the posture of the child? (How does he or she stand, sit, walk?)

--

Is the child generally clumsy? ☐

Does the child have difficulty judging the closeness of objects to his/her body eg catching a ball, or reaching for things? ☐

Does the child often bump into things? ☐

Is professional testing necessary to assess potential gross or perceptual motor difficulties? ☐

11.7 Nutrition and exercise

Please indicate how often the child eats or drinks the following.

	Daily	More than twice a week	Once or twice a week only	Less than once a week
Fresh fruit				
Fresh or frozen vegetables				
Meat/fish/eggs or cheese				
Milk				
Sweets or fizzy cooldrinks				

Do you consider that this child enjoys a satisfactory diet? ☐

If unsatisfactory, what action are you taking? ☐

How many times a week does the child have the opportunity for exercise or physical activity? Describe the activity that the child is involved in.

--

If this is not daily, what action are you taking? ☐

11.8 Substance abuse

Does this child smoke cigarettes? ☐

Do you suspect this child of substance abuse? If yes – what substance?

Has this child admitted to having a problem with substance abuse? ☐

Is this child willing to undergo counselling/treatment for this problem? If unsure please describe all efforts that have been taken to discuss the suspected abuse with the child. If no efforts have been taken when will they be taken and by whom?

11.9 Sexuality

Is this child sexually active? ☐

If so, is this child on Family Planning/using contraception? ☐

How regularly is this child attending Clinics?

Are you checking Family Planning Clinic Cards regularly? ☐

Is this child receiving on-going sex education? ☐

Briefly describe the guidance you are giving?

Does this child know about contraceptives (even if not sexually active)? ☐

If not, what are you doing in this regard?

SECTION H: EDUCATION AND COGNITION

12. EDUCATION AND SCHOOL AND COGNITIVE ABILITIES:

PLEASE CONSULT TEACHERS BEFORE COMPLETING THIS SECTION

If the child is not attending school but is in some other form of formal training (eg a training college or technical college) please also complete this section. If the child is not in a formal training institution complete only the relevant questions and the special section at the end.

12.1 Position in education system

What school does this child attend?

What standard / grade is this child in?

What is the child's class teachers name?

In your opinion, is the child's level of intelligence high, average or low?

Is the child ahead, level or behind his/her age group?

How many years (if any) is the child behind the expected peer group educationally?

Is the child making progress and how do you know?

With which subjects does the child have difficulty?

12.2 In the following basic skills how well is the child doing at school?

	Poor	Below Average	Average	Above average	Excellent
Reading					
Writing					
Arithmetic					

How well do you think the child is coping at school?

12.3 If this child is not at school please explain what training they are receiving:

12.4 Skills for coping educationally

Are the child's perceptions of the environment around him/her generally adequate or inadequate? (Does the child seem to understand the demands of the outside world eg. traffic, littering, noise, damage to property)

Discuss:

Are the child's perceptions or insights about other people generally adequate or inadequate?

Discuss:

Does the child cope better in a language that is not the medium of instruction at school - describe.

How logical is the child's thinking capacity usually?

Does the child distort reality? For what purpose? How often?

How capable is the child of hypothetical deductive reasoning or are his thoughts primarily concrete and object related? (Can the child work out things that may happen; or consequences that could result from anticipated decisions - if they can they are able to reason hypothetically. If they can use experience in the past to inform future decisions they can reason deductively. If they do not seem to be able to make links between issues then their reasoning is primarily concrete and immediate.)

How does the child handle responsibility for homework and describe his or her attitude towards homework and study? Discuss.

Describe any specific behavioural or emotional difficulties the child may be experiencing at school.

Describe the child's attitude, feelings and relationship the child has with his/her teacher/s.

Describe the child's attitude towards school.

12.5 Give dates of contact with teacher? (This should be at least once a term and more often if problems are known).

Do you attend school events and parents' evenings? ☐

Please give the last date at which you attended a meeting that was related to THIS child. ☐

12.6 How regular is the school attendance of the child? ☐

If not regular what are the reasons?

12.7 How often is the child punished at school? Please give the kind of punishment this child most frequently receives (detention, sent to office, written lines, etc)

12.8 Is there anything about his/her school report that surprises you?

12.9 How often does the child go to a library or bring a book home from school to read?

12.10 If this child is not at school please describe any aspect of the training they are receiving that is not covered in the above.

SECTION I: WORKING WITH THIS CHILD

13. ACTIVITIES/PROGRAMME:

- 13.1 How does the environment reward this child? eg. are people attracted to the child, is the child successful in some area, etc. In what way does this child get affirmation and/or recognition?

- 13.2 What do you like about this child?

- 13.3 What do you consider to be the child's major strengths? List at least six.

- 13.4 What are the child's ambitions for the future? If he or she does not appear to have any what is the reason for this? How realistic are these considering his or her school progress and other capacities?

- 13.5 Is there a preference for activities that are more individual or that require considerable interaction with peers? Discuss:

- 13.6 What hobbies or crafts is this child interested in?

- 13.7 What kind of activities is this child good at?

- 13.8 What talent or interest would you like to encourage?

- 13.9 How does this child fill his/her spare time?

- 13.10 What are his or her favourite television programmes?

- 13.11 List the sports that this child participates in at school? If the child does not participate what is being done to encourage participation. Discuss.

- 13.12 List the extra-mural activities that this child participates at school, in the community and at the Children's Home (sport, skills training or therapy sessions, church activities and clubs). If none explain actions to remedy this.

- 13.13 If this child is involved in skills training, discuss the child's understanding of the skills programme, the child's attitude and his/her motivation to attend the training and what skills training he or she is involved in.

- 13.14 Indicate any specially programmed activities which you are doing with this child for nurturance, stimulation, relationship building, aggression, strengthening in areas of weakness etc. (These should be recorded daily in your Daily Diary). Describe.

If there are no specially programmed activities please explain why

- 13.15 Indicate any therapy/professional intervention other than child care intervention which the child receives, and give the name of therapist and whether you have obtained a written or verbal report:

Therapist	Name	Report types	Date (last report)
Social Worker - individual			
Social Worker - group			
Occupational Therapist			
Speech therapist			
Remedial teaching			
Psychologist			
Other			

Please attach reports to this evaluation.

SHORT-TERM GOALS**14. SHORT-TERM GOALS:**

Looking at the summary of the nine sections above please list the areas you will be addressing immediately.

SUMMARY SECTION A : BIOGRAPHY OF CHILD

Based on the information in section A please list the things that need to be done to ensure that areas in this child's life that are not receiving attention are dealt with. Next to each one please name the person responsible and give a date by which YOU will find out what has been done.

Issue	Person	Date

SUMMARY SECTION B: THE CHILD CARE WORKER

Based on the above please list the areas in the relationship with this child to which you need to give attention.

Please list the three things that are most positive in your relationship with this child

SUMMARY SECTION C: PEER RELATIONSHIPS

List the areas of the peer relationships that require attention. Indicate who is going to give this attention and when you will check what has been done.

Aspect of peer relationship needing attention	Person	Date

List the aspects of the peer relationships that are working well. Indicate how you are going to promote and encourage these.

What is working well.	How you will encourage this

SUMMARY SECTION D: COMMUNITY RELATIONSHIPS

List the areas needing attention. State who will do this and when you will check that this has happened.

Area needing attention	Who will do this	When

List the positive aspects of this child's interaction in the community. State how you will encourage these.

Positive aspects	Encouraging them

SUMMARY SECTION E: FUNCTIONING OF CHILD

List the areas that need attention from the above – state who will give these areas attention and when you will check that this has been done.

Area needing attention (include suggestions of kind of attention needed)	Who	When

SUMMARY SECTION F: MANAGING THE CHILD

List three things (based on the above) that work well when dealing with this child.

List three things that do not work well with this child. Indicate if these need attention.

What does not work well when managing this child?	Should this be given attention? By whom?

SUMMARY SECTION G: HEALTH AND SOCIAL

For each of the areas covered above please summarise the action that needs to be taken or the needs that are unmet or the problems that exist. For each please make clear what will be done.

11.1 Appearance

11.2 Communication and social skills

Life skills (Consider the tasks in this section above)

What life skills should we teach this child?

11.3 Habits and routines

11.4 Medical

Based on the above list the actions that need to be taken and the problems the child is facing.

11.5 Physical characteristics

List any concerns

11.6 Motor abilities

List any concerns and who you will be discussing these with.

11.7 Nutrition and exercise

Based on this section above list the things that need to be done for this child.

11.8 Substance abuse

List concerns and what action will be taken

Concerns	Planned action

11.9 Sexuality

List concerns and planned action

Concerns or needs	Planned action

SUMMARY OF SECTION H: EDUCATION AND COGNITION

List the areas referred to above that require attention or action. State who will act on these and when.

Action required	Who	When

SUMMARY OF SECTION I: WORKING WITH THE CHILD

Using the above please list things that this child is interested in, good at or already doing that provide a positive experience for the child.

Using the above please list what interests or talents need to be developed. State who will assist with this.

What needs to be developed	Who will do this?

Appendix 2

Case Studies: selected examples

Case Study : G

1 Background information.

Date of birth:	7 th December 1980					
Date on which first committed to alternative care:	April 1993 - placed in related foster care and then in November 1993 placed in a Place of Safety pending a children's court enquiry.					
Date on which committed to care of KWTCH:	29th Feb 96					
Brief background:	Removed from mother in 1993 due to neglect and emotional abuse. History of extreme poverty and mother's alcohol abuse. Child never completed sub A (Grade 1). Foster care broke down and then placed in a place of safety. In 1996 she was committed to the Children's Home.					
Outward Bound experiences attended:	July 1996 January 1997					
Outward Bound assessment of the youth:	She is described as finding the course difficult but being willing to meet all challenges without complaint. She was passive in the group and did not participate in decision-making. In January she is described as participating well to group decision-making and she is seen as a hard working and responsible member of the group who was able to express her needs and participate in all challenges. She was able to use her lighthearted attitude to motivate others. (The earlier report views her as not communicating or getting involved.)					
Goal attainment scale scores. General ratings	GAS 1 Dec 96	SW:-12 CCW:-30 Self:1 OT:-31	GAS 2 June 97	SW:-21 CCW:-18 CCW:-25	GAS 3 Sept 97	CCW: 13

Research interviews completed	June 1996 August 1996 February 1997	Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports
Educational level attained and year	Adult literacy - 1996/1997 - Grade 7/Std 5 level		
Current educational or skills involvement	Adult literacy and training as a domestic worker		

Note: SW = Social worker
CCW= Child care worker

2. Developmental progress of youth concerned

Developmental status throughout intervention period	On admission G was placed at the Woodlands campus of the Children's Home where she was not assessed. She was also not assessed on her transfer to the OB unit and a development programme was only set up for her in August 1997. Thus comments on her development are based only on the child care logs and the work of the OT. Prior to the intervention period her educational needs were not being met. Her transfer to adult literacy has allowed her to learn to read and write. She has limited social skills and does not cope well in groups. Her transfer to the smaller unit in 1997 has been of benefit to her as it has lessened the anxiety and provided her with the individual attention she needs.
Developmental status at three month follow up.	When her programme was drawn up in August 1997 she was described as cheerful, friendly and warm with good skills in working with small children and good ability to perform household tasks. Attention is being placed on improving her social skills and supporting her participation in domestic activities.

3. Summary of intervention used with youth in six month programme period

The occupational therapist worked with the child and reports that she was withdrawn from school when the school moved her from Grade 2 back to Grade 1. She was enrolled in adult literacy classes. She is described as having a low tolerance for work and for social contact. With direct supervision and encouragement she is able to perform simple tasks but cannot work on her own. She is possessive of her relationships. Towards the end of 1996 she developed psychosomatic

chest pains which were exploited with a great deal of screaming and crying and resulted in three admissions to hospital. Towards the end of 1996 she became uncontrollable and attacked other children and staff. She was sedated and hospitalised. A Fort England Psychiatric Hospital assessment presented in hand-written form on two A5 memorandum sheets makes the diagnosis of "oppositional defiant disorder" indicating no need for psychiatric treatment and stating that she is not mentally ill or retarded. The report (7/4/97) ends "her social background is the key to her current diagnosis and future prognosis". No acting out or violence occurred while she was being observed in the hospital. On 8 May 1997 the social worker requested a section 34 transfer on the basis that other children were at risk if she remained at KWTCH. A transfer to a child care school (school of industries) was requested and granted. In the interim she was placed in a small group situation and involved in domestic work for other units. Her behaviour stabilised in this less threatening environment and the Home requested that she not be placed in the child care school. A response to this request is pending (1/9/97).

Between April and November 1996 the social worker saw G four times including an orientation to the Outward Bound programme. In August 1997 she was transferred to a new social worker and at the same time made contact with her grandmother. Since then the intervention focus (about 8 telephone contacts with authorities) has focussed on reversing the section 34 and assessing the grandmother as a permanency option.

An OT report dated 4/11/96 describes her as a youth with limited intellectual ability who struggles to cope with tasks requiring concentration. She is extremely jealous of her relationships and feels threatened when others approach her special people. She showed some skill in domestic work and has a natural affinity with children.

From August 1997 her development programme is focussed on improving her skills and capitalising on her abilities. She is being encouraged to form non-possessive friendships; to have responsibility for interacting with a small child regularly and to maintain her participation in adult education classes.

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

April 1996 to April 1997.

The logs reviewed extend beyond April 1997 as it is in this period that the most significant changes have been made in the life of this child. On 25 May 1996 she was moved to the Outward Bound unit and was happy that she would be mixing with "white children". On 26/5 and 27/5 her problems at school and with writing are noticed. Other than that her behaviour is reported positively until her return from the first OB experience. She said that while she had enjoyed it she did not wish to go back (22/7/97). She became involved in the sewing skills training and took to it immediately (25/7/97) and has developed a positive relationship with the OT (1/8). She participated actively in the graduation after the boys returned from OB (7/8). After a contact with the social worker who spoke to her about her attitude to OB (SW file - Aug 96) she is anxious and tearful. Then on 15/8 the school demoted her from Grade 2 to Grade 1. The news distressed her. The other children tease her about this demotion (16/8/96). On 21/8 she is withdrawn from school and sent to adult literacy - this pleases her (21/8; 22/8; 25/8). For the first while that she is at school she sleeps during the day - this is of concern but by 16/9 she has made such progress in reading and writing that the child care workers decide not to press her to work during the day. However, at the same time she begins to assist one of the child care workers with domestic duties and enjoys this. On 8/10 she complains of chest pains; is taken to hospital and discharged. She

is told on 15/10 that a host family has been found for her in PE - the chest pains re-occur and she is hospitalised again. No physical cause. When accompanying a friend back to the hospital on 18/10 the pains are reported again and she is admitted again. She is transferred to another hospital and discharged six days later. There are no more reported pains (Researcher's note: there are also no more attempts to send her to PE!). From her discharge to 13/11 there are no reported problems and she attends skills training and literacy classes happily. There is then one reported incident of not wanting to work and then she settles down again but is not sent back to skills training. After the January OB experience she is described as more settled and willing to participate in chores. She is no longer in an OB unit and she responds well to a young child placed in her unit (2/2/97). During the rest of February there are a few problems at the school (literacy classes) as she does not appear to be coping as well and there is some conflict in the unit with which the child care workers deal (25/2; 21/2 and 12/3). On 19/3 she is admitted for assessment at Fort England - on her discharge (8/4) she says that she liked the place and would return there if she could. Her results are shared with her on 9/4 and she returns to adult literacy classes (school). From 15/4 on her behaviour is rude and defiant and she does not wish to continue with skills training - by 22/4 she is described as "really out of control" and on 23/4 it is recorded that when spoken to she just laughs. A medical assessment on 24/4 results in a diagnosis of a valve problem in her heart (painless) but she is excited by the diagnosis and tells many people about it. For a few days she is fine but on 30/4 she screams and swears at the child care worker and a social worker. This pattern of a few days well behaved and a few days defiant continues until 20/5 when the school reports that she is no longer participating well in the literacy classes and is disruptive. She is found on two occasions with boys when the child care workers were not sure where she was (18/5 and 22/5). On 28/5 she is stabbed by a boy but it is not serious. The child care workers refuse to take her to hospital so she goes alone. She says she is going to drink Dettol but does not do this and on the 30th of May she is moved into an independent living unit where there are only 4 other girls. In this environment the child care worker experiences no problems with her. Until the holiday there are no problems - however, she does not go to the arranged hosts but instead manages to find her grandmother and spends the holiday with her. She returns to the Home after the holiday (18/7). For the rest of July she works alongside other domestic workers and although she does not manage her time well and is described as "lazy" there are no outbursts when she is confronted. From July to October 1997 the child care worker responsible for the independent living unit reports only one incident of angry acting out but indicates that when spoken to on that occasion G calmed down straight away.

5. Perceptions of wilderness (Outward Bound experience)

In the June 1996 research interview she said she was looking forward to OB and to the mountain climbing and the swimming although the former did worry her a little. On her return she told the interviewer in August 1996 that she had not enjoyed the experience - especially the solo (overnight sleeping alone in the bush). She said that she had learned to walk long distances which would help her if she ever had to walk to EL. She never reported any more abstract lesson but did say there was less gossiping amongst the girls after their return from OB. The OB staff were described as having a different attitude to the black girls that was not "caring". After the second OB experience her February 1997 interview revealed that she had not enjoyed OB but that the community service (especially involvement with the children) had been positive. According to the child care logs she says after both experiences that she does not wish to return to OB. She does however say that the community service aspect of the second course was positive.

6. Perceptions of the experience of being in care

For her the best thing about being in the Home was that she felt safe but that she did not like being teased about her problems (June 1996). Being hungry made her sad and that did not often happen now that she was in care. In August 1996 she said that she liked being able to buy her own clothes and she still appreciated the food and being taught to do things. However, she told the researcher she was being forced to work in the kitchens all day and the social worker had taken her out of the school and made her go to literacy classes against her wishes. She says that all the staff do is shout at her. She wanted to see her grandmother in PE during the holidays but said staff were making her go to someone else (August 1996). In February 1997 she said she was pleased to have been condoned for promotion to Std 5/ Grade 7.

7. Staff perceptions of her development

In very recent months she has stabilised dramatically and this is due to her move into the smaller unit. She is showing increased ability to work independently as a housekeeper. She forms good attachments with a few adults – no longer relying only on one adult. She has a sense of humour which she uses more often to deal with stress.

8. Conclusions

The pattern in her behaviour suggests a great need for individual attention; a sense of security and smaller social groups. These needs are being met in a small residential unit and will not be met in a child care school. The extent of her behavioural difficulties when these conditions are not in place would suggest to the researcher that if this child is transferred to a child care school she is likely to be uncontrollable. The result is that she is likely to be transferred to increasingly restrictive environments.

There is no doubt that her problems are enormous and that no short-term simple solutions exist. However, the system "owes" her – three years in a place of safety and social welfare intervention in her life only starting when she was 13 means that this youth had very little opportunity to develop normally. Given her life experience her problems are not surprising and are, at least to some extent, surprisingly small. There is no evidence of substance abuse, no involvement with the law, no recorded inappropriate sexual behaviour – all of which would not have been surprising given the lack of direction she has had. G deserves more than a child care school can offer her. (The team's fears about the safety of other children are not being dismissed with these statements. In addition the positive steps of placing her in a small unit is acknowledged as are the efforts to provide her with a skill that will enable her to be self sufficient.)

Addendum: The order to have her placed in a child care school is being reversed and G is to stay in the care of the Home and continue her training as a domestic worker until the end of 1998 and then hopefully return her to her grandmother.

The change in GAS scores from -30 in December 1996 to 15 in September 1997 is remarkable. However, when placed in the context of the dramatic improvement in her behaviour when she was placed in the smaller independent living unit this change makes sense. It is also a realistic reflection that while most of her scores have increased dramatically her score for Generosity is quite consistent and her Belonging score only begins to pick up towards the end of 1997.

Case Study : H

1 Background information.

Date of birth:	14 th December 1981				
Date on which first committed to alternative care:	Not clear on records				
Date on which committed to care of KWTCH:	April 1991				
Brief background:	Mother remarried three times. Abandoned three children with respective fathers in the latter part of 1990. Limited contact with children. Alcohol abuse.				
Date of discharge:	Placed out of Home in December 1996 but returned to care in September 1997 when her foster care placement broke down.				
Reason for discharge:	Foster care placement with host parents in East London.				
Person or place into whose care child was discharged:	Family in East London. Not biological family.				
Outward Bound experiences attended:	June/ July 1996 December 1996				
Outward Bound assessment of the youth:	The Outward Bound report reflects that H had difficulties linking with the group; was able to express her own needs in group decision-making but not able to focus on the group. She was able to assume leadership roles but not to maintain them. (OB July 1996). In the December report she is described as using a negative attitude to undermine her abilities. The group generally accepted her and she was a good leader when she chose to be. Her abilities were limited only by her motivation.				
Goal attainment scale scores. General ratings	GAS 1 Dec 1996	SW:-6 CCW:-4 Self:13 OT:-15	GAS 2 Not repeated - as in foster care	GAS 3 Sept 97 (Back in care)	CCW: -27

Research interviews completed	June 1996 (individual) July 1996 (individual and group) Youth not interviewed later in the year as she refused an interview	Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports
Educational level attained and year	Grade 9/Std 7 in 1996		
Current educational or skills involvement	Grade 10/Std 8 in 1997. Placed in boarding school in East London.		

Note: SW = Social worker
CCW= Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	Major developmental problems <ol style="list-style-type: none"> 1. Jealousy of the achievements of others 2. Low self-esteem 3. Poor relationships with peers 4. Manipulation 5. Over-reaction to stress 6. Depressed. Mood swings 7. Resistance to authority. 8. Query Satanism <p>Programme Manager May 1996</p> Strengths <ol style="list-style-type: none"> 1. Scholastically at age appropriate level - std 7/Grade9.
Developmental status midway through intervention	Improvements: <ol style="list-style-type: none"> 1. Social skills and peer relationships 2. Jealousy New problems or deterioration <ol style="list-style-type: none"> 1. Self mutilation 2. Self-esteem 3. Stress reactions and over reaction to stress 4. No close friendships 5. Over familiarity with adults 6. Manipulation of others 7. Resistance to authority 8. Poor functioning at school.

Developmental status after intervention period	Occupational therapist report indicates that H is still very egocentric; is unable to socialize constructively; she has a low self-esteem and is influenced by peers including an involvement in Satanism (OT report 4 November 1996)
Developmental status at three month follow up.	Mood swings still evident. Communication problems. Conflict. Lack of willingness to enter into relationship with foster mother. Conflict with biological child of foster parents. Source: interviews and social work files

3. Summary of intervention used with youth in six month programme period

This child was not re-assessed prior to the intervention period although a thorough review of her developmental status was done by the social workers, child care workers and programme managers in May 1996 and again in September 1996. An occupational therapy report was written in November 1996.

H did not participate in any of the skills training offered to the youth in the intervention period although for a short time she and a child care worker were involved in cooking lessons for her. The OT describes her as lacking volition for work and skills training because of her egocentricity and her inability to view things on a long-term basis. She has low self-esteem and experiences very little joy (4/11/96).

In the intervention period H had 12 counselling sessions with a social worker dealing with anxieties about the impending foster care placement and with her social and interpersonal skills. There were seven formal contacts with the hosts preparing for foster care and weekly telephone contacts between the hosts and the social worker for a two month period from the end of April 1996. After H's discharge there have been 22 contacts with H or her host/foster parents in an effort to keep the foster care placement in place. The foster parents report that H's behaviour is difficult to handle; she continues to have verbal outbursts and mood swings. Communication in the family is poor and conflict is high. A student social worker intervened on a weekly basis. The school in East London is willing to accept her into the hostel in an effort to protect the foster care relationship. This youth was called as a witness in a sexual abuse case in May 1997 and received support and preparation for this from the social worker.

Other than the intensive social work the child received there was no individualised intervention programme for this youth. (Note later: The placement broke down in October 1997).

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

April 1996 to April 1997.

In June 1996 reports of conflict with child care workers. On return from Outward Bound in July a report (23/7/96) that she had not enjoyed the experience. Improved attitude to school work (26/7/96). After contacts with the host parents there is a marked improvement in her attitude (6/8/96; 14/8/96). Towards the end of August her biological mother made contact with her (28/8/96) and there was an increase in disruptive behaviour (30/8/96; 3/9/96, 4/9/96, 9/9/96,

11/9/96) and an increase in contact outside of the Unit with boys at night (10/9/96; 15/9/96 and 18/9/96). At the end of September contact with her host parents and a holiday with them resulted in a period of improved behaviour (7/10/96, 9/10/96, 15/10/96, 16/10/96). After a contact with the host parents from 18/10/96 she became depressed indicating that she felt the hosts would not foster her (21/10/96, 22/10/96, 24/10/96, 25/10/96). This pattern is repeated for weekends in November - good behaviour following a successful weekend until she was placed on holiday leave with the host parents at the beginning of December 1996.

Addendum: after about six months this relationship broke down due to conflict between H and the host mother. She is now in boarding school and comes to the Home for many weekends. Efforts are being made by a student social worker to facilitate a less rejecting response from the host mother/foster mother.

5. Perceptions of wilderness (Outward Bound experience)

Prior to the experience (26 June 1996) H believed that the experience would be fun and would allow her to get to know other people better. She was a little concerned about things like climbing. After the experience (July 1996) H indicated that OB had not been a positive experience as she "hate(s) to sleep with other people and there was no privacy". She felt that OB had helped to improve relationships between the young people and that the OB staff had a positive relationship with the young people. She did however resent having to go to OB during school holidays.

6. Perceptions of the experience of being in care

Prior to the OB experience H indicated that being in the Home was not nice because "kids ... tease us because we are here and when we go out people stare at us and it is kind of like embarrassing". For her the worst thing in the Home was the manners of black children. What she valued about the Home was always having someone to talk to. The child care workers were people with whom she felt happy. In the July interview she indicated that she was very unhappy in the Home and that nothing had changed in the Home since her OB experience except that she and the black children had become better friends although there was still a lot of arguing "even if there is no reason for it". A new concern was that child care workers had preferences and "discriminated against" some of the children.

7. Staff perceptions of development

H is able to involve herself in age appropriate activities and friendships. She can engage with adults. She takes great care of her personal appearance. She has developed a caring relationship with one of the child care workers. H was placed in foster care in the beginning of 1997 but returned to the care of the Home in September as her foster care relationship had broken down as a result of her foster mother being unable to handle the rivalry H generated with some overt attempts to alienate her foster mother and gain favour with her foster father. The experience has left her lacking even further in confidence.

8. Conclusions

The period of intervention appears to have had limited impact on this youth with many of her behavioural difficulties continuing to manifest after the intervention period. She received (and

receives) markedly more attention from the social worker than many of the other young people but this has not resulted in any great behavioural change. Her emotional well being seems to be dependent on a sense of belonging in her host/foster care placement and she does not appear to be able to sustain the anxiety of less than perfect relationships. While the benefits of the wilderness experience do not appear to have been sustained H does seem to demonstrate a little more awareness of the feelings of black youth living with her.

This experience has not been of significant value to H.

Looking at the only 2 GAS scores available for H it is important to reflect on the reality that shortly prior to the later scoring H had returned to the care of the Home as a result of the breakdown of her foster care situation. It is thus not surprising that in all areas, but most especially in Belonging and Independence, her sub scale scores have dropped so much.

Compiled: August 1997

Revised: 11/10/97

Case Study : AD

1 Background information.

Date of birth:	3 rd February 1981					
Date on which first committed to alternative care:	February 1981 - placed in foster care.					
Date on which committed to care of KWTC:	28 th January 1997					
Discharge	December 1997 as was refusing to follow any rules or structure in the Home					
Brief background:	The parents of AD are bush dwellers. The children were placed in foster care shortly after birth with a maternal aunt as the parents were nomadic, had alcohol abuse problems and were unable to care for the children. Foster care broke down due to drinking and uncontrollable behaviour of AD. Siblings still in foster care. In October 1997 she revealed that she had been sexually abused.					
Date of discharge:	Discharged at end of 1997					
Outward Bound experiences attended:	March 1997 Did not attend second course in December 1997 - no girls sent					
Outward Bound assessment of the youth:	The course report indicates that she was challenged by many aspects of the course but did manage to finish. It says that she led by example and was willing to participate in chores when asked to do so. When unhappy she "had no difficulty in expressing her emotions."					
Goal attainment scale scores. General ratings	GAS 1 Jan 97	SW: -24 CCW: 0	GAS 2 April 97	CCW: 5	GAS 3 July 97	SW: - 34 CCW: -12
	GAS 4 Sept 97	CCW: -17				
Research interviews completed	February 1997 April 1997 October 1997			Other data sources	Child care logs Programme Social Worker's notes OB reports Statutory files and reports Student social worker OT	

Educational level attained and year	Std 6/ Grade 8 1996
Current educational or skills involvement	For the first half of the year she was still attending school but truancy and lack of progress were major issues (School report 25/3/97). She did not return to school in the fourth term. She is involved in the sewing and beadwork skills training. She is part of the adolescent development programme.

Note: SW = Social worker
CCW = Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	The information below is based on a report completed by the referring social worker - this report was completed in July 1996 six months prior to the admission of this child. Major developmental problems Referred to KWTC after behavioural difficulties such as a suicide attempt (1995); uncontrollable behaviour and drinking. Strengths Behaviour at school and scholastic progress satisfactory
Developmental status midway through intervention	New problems or deterioration Struggling to cope in Std 6/Grade 8 and resistant to school Emotional turmoil: feelings of rejection, fear, loss Truancy and absconding Aggression (According to progress report written by KWTC social worker in June 1997) In September 1997 a Life Space assessment was done which reported that she has poor peer relationships as she bullies and is domineering. There has been some decrease in the amount of conflict in which she becomes involved. She has no contact with the community and has withdrawn from school. Alcohol abuse and destructiveness are serious problems. She demonstrates competence in netball and hockey and is beginning to enjoy helping other people. She remains demanding and dependent.
Developmental status after intervention period	In October 1997 she began the intensive adolescent development programme in the newly established Phand'uulwazi Life Centre. She is one of only two residential care youth accepted into this programme.

3. Summary of intervention used with youth in six month programme period
A student social worker was allocated to AD shortly after her admission. Six counselling sessions

follow which focus on the adjustment to the Home and her feelings about being placed in care. This contact is terminated on 17/6/97. The social worker had two other contacts with AD in July 1997. The social worker had nine contacts either with the reconstruction social worker or the foster mother AD had been with prior to the placement. These culminated in the decision that AD would stay in the Home until the end of 1997 and would be absorbed into the Adolescent Development Programme prior to her discharge. The Place of Safety order placing her in the Home lapsed in July 1997 but AD will remain in the Home for a further five months. According to the file kept by the social workers, AD's brother died late in June 1997 - this is not recorded in the logs kept by the child care workers.

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

January 1997 to July 1997.

AD initially settled in quietly but by 7/2/97 the child care workers were experiencing her as disruptive especially in terms of her approaches to the boys. On 8/2/97 there was a physical fight with a boy resulting in a broken window and a great deal of crying. A second fight with another boy occurred on 9/2/97. This fight involved an attempt to stab the boy with a broken bottle. The child care workers feel that she provokes the fights. On 11/2/97 she seemed to have formed a friendship with a girl but the child care workers indicate that the friend visits at inappropriate times. A fight with a girl on 13/2/97 resulted in a broken door. A further fight with another girl on 20/2/97. After a reprimand from a child care worker on 22/2/97 about her leaving the property without permission AD was angry for three days. After a meeting to resolve this it was found that she makes contact with a man in town who gives her money (24/2/97). A decision was taken on consequences of leaving without permission. On 27/2/97 she again went out without permission but accepted the consequence and worked well with staff until the 4/3/97 when there was another physical fight with a girl. Family contact (an uncle) is linked with a calm period until she goes to Outward Bound (11/3/97). On return she is positive about the experience and goes home for the holiday. Having spent the holiday with her mother she returns ill (chest) (12/4/97). A weekend with her family (21/4/97) is followed by a period of aggression, leaving the property without permission and truancy. On 9/5/97 she absconds with another child but is found in EL and returns. On 18/5 she goes home for a funeral and does not return for three weeks. Soon after her return she is sent home for the holiday (18/6/97) and does not return until 23/7/97. She appeared ill and undernourished after this visit. Her aunt tells the staff that she did not spend the whole period at home and that she swore at her mother. On 27/7 and 28/7/97 she cries for much of the day "with no reason".

5. Perceptions of wilderness (Outward Bound experience)

AD reports that many of the physical activities such as rock climbing and the boating were enjoyable but that those requiring stamina such as the long hiking made her cry (15/4/97). She states that OB taught her the importance of listening to other people and not fighting with them. She was surprised at what she was able to achieve. AD reports being involved in a conflict with one of the staff members of OB but reports that the others were fair.

6. Perceptions of the experience of being in care

In an interview in February 1997 AD reported that being in care was much better than being at

home where she had been drinking and smoking a great deal. In mid April 1997 AD reports that she is happy in the Home and that she gets on well with her child care worker. She feels that she and her friends have learnt a great deal from OB and that they fight less. In general she said that she "feels good now that (she) is changing for the better; want to stay like this ... life is improving." In October 1997 she said she was not sure why she was part of the adolescent development programme but she hoped it would help her to learn something she could use in her life. Her ambition was to get a job so that she could care for her mother.

7. Staff perceptions of development

During September 1997 she assisted full time in the kitchen and coped with the demands. Although not able to make complex items she enjoyed the basic training in sewing skills. She participated for a short time in the President's Award computer training. She seems to enjoy baking and housework and keeps her personal space tidy. She is involved in less conflict and other than one recent incident of drunk and disorderly behaviour she is easier to manage.

8. Conclusions

The latter months in the life of this child must be placed in the context of the differences in information between the logs kept by the child care workers and the social work file. If AD attended a funeral in May 1997 then her brothers's death barely a month later would have been a second loss for her. At the same time (July 1997) AD is told that she will only remain in the care of the Home until the end of the year (SW process notes 18/7/97). It follows that the child's crying on 27/7 and 28/7 is possibly not for "no reason".

All indications are that this child has had an extremely traumatic life and that her developmental needs have not been well met. It is thus a positive sign that she had progressed as far as Std 6 - although she has now dropped out of school. However, this child has been in care for more than six months and there had been no complete developmental assessment of her before September 1997. She was sent to Outward Bound and there has been no programme for her since her return. Recommendations about her future have been made on the basis of the student social workers reports and discussions with a child care worker. However, the major discrepancies between the social workers' notes and those of the child care workers illustrates the complete inadequacy of this process.

Compiled: September 1997

Revised: 10/10/97

Case Study :P

1 Background information.

Date of birth:	16 th December 1981					
Date on which first committed to alternative care:	18 th January 1983					
Date on which committed to care of KWTCH:	13 th January 1984					
Brief background:	P is the fourth of six children. In 1984 she and a brother were placed in foster care and returned to the care of her mother in 1989. In 1993 P and the same sibling were returned to care - to a place of safety due to uncontrollable behaviour. Her scholastic progress was slow.					
Outward Bound experiences attended:	July 1996 and January 1997					
Outward Bound assessment of the youth:	After the July course she is described as very reluctant to participate initially but once having overcome her fears she was happy to get involved. She was well accepted but easily intimidated so did not really participate in decision-making or leadership. After the second course (January 1997) it is noted that she had a positive attitude throughout the course and gained in self-confidence but was still not able to participate in group decision-making or leadership. (Note that she broke her arm on this second course and was forced to withdraw - against her will - before the end of the course.)					
Goal attainment scale scores. General ratings	GAS 1 Dec 96	SW:-3 CCW:0 Self:12 OT:-12	GAS 2 June 1997	SW:-11	GAS 3 Sept 97	CCW:-30
Research interviews completed	June 1996 August 1996 February 1997			Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports	
Educational level attained and year	Special education Std 2/Grade 4 1996					

Current educational or skills involvement	Was at a special school doing Std 6/Grade 8 but did not cope so returned to the special ed class (std 2/Grade 4) in a mainstream school in March 1997. Is currently refusing to go to school (October 1997)
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Note: SW = Social worker
CCW = Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	P's individual development programme was reviewed in September 1995 and again in March 1996. Major developmental problems Inappropriate sexual behaviour Lack of social skills and life skills Improvements Less sulky and petulant and able to show more age related behaviour.
Developmental status midway through intervention	Her progress was reviewed again in September 1996 Improvements Less bed wetting. Increased social and life skills. More independent. New problems or deterioration Mood swings and sulky, petulant behaviour. Inappropriate sexual behaviour.
Developmental status after intervention period	A Section 16 report from early 1997 indicates that she was not able to cope socially or emotionally at the Special School. Her parent's move out of the region seems to have led to increased behavioural problems and a sense of rejection.
Developmental status at three month follow up.	A Life Space Assessment of September 1997 indicates that while her relationship with her mother has become positive again there is still a possibility that she is sexually abused at home. Her peer relationships are characterised by conflict and she is often a victim of bullying. She has no positive community contact. She does not function well socially or emotionally and although a little calmer than she used to be still displays a great deal of problematic behaviour. She refuses to attend school and defies all rules and policies of the Home.

3. Summary of intervention used with youth in six month programme period
The social worker had 11 individual sessions with P between May and December 1996. The focus was on her feelings about limited family contact, an allegation that a boy had touched her inappropriately and her inability to handle her anger. There were also 11 contacts with the mother

and reconstruction social worker (most with the mother).

The OT (4/11/96) describes her as a reserved child with limited intelligence. She socialises mostly with younger children and her play is characteristic of younger children with fantasy and playing with only one friend being marked. She is able to imitate others in crafts but her products are poor as she has poor skills in working with the required materials. She has a high need for nurturance and responds badly to any stressors. (After the intervention period she was transferred to another social worker who is working intensively with her and trying to plan a realistic future for this very troubled young person.)

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

June 1996 to April 1997.

Prior to the OB experience it is recorded that she broke a window (11/6); appeared to be drinking (12/6) and refused to follow the rules in the Unit (12/6; 13/6). On 23/6 she was assaulted by a teacher who objected to the sexually explicit language she was using at school. On her return from OB (23/7) she said she had enjoyed it. On 29/7 it is reported that since the OB experience she is more co-operative and that she does not cause problems. On 31/7 and 5/8 it is reported that she is only comfortable interacting with younger girls. There are frequent records of absconding (e.g. 12/8). Her incidents of bed-wetting seem to be linked to anxiety about her brother's threats to her (21/8) and she expresses relief when he leaves the Home (26/8). For the rest of August and September there are many comments that she is more co-operative and that since OB and since her brother leaving she is more secure and seems less anxious. The first comment of concern is to do with personal hygiene on 23/10 but otherwise she is working well in the Home and at school. There is only one incident of refusing to do chores on 14/11/96. On her return from school holidays she only spends weekends in the Home when not in boarding school. There is an incident in which a boy tried to rape her (15/2) but this is denied by the boy. On 28/2 it is noted that she is the only one in the Unit who cannot speak Xhosa (Afrikaans speaking) and she thus often feels left out. Early in March she returns to the Unit full time and appears to cope although bed-wetting is a recurring issue. On 2/3 she makes another accusation that someone (worker's brother) tried to sexually abuse her but she changes the story for each staff member who asks. She becomes verbally abusive when the worker asks her what happened. On the next day she is found looking in the pants of one of the other boys (3/3). Until the end of April there are at least six other reports of inappropriate contact with boys but other than that she appears to be following the rules.

Addendum: After the period being reviewed she refuses to attend school; is arrested for theft; absconds regularly and continues her sexually inappropriate behaviour. Given her desire to spend time with younger children there is concern that she is involving them.

5. Perceptions of wilderness (Outward Bound experience)

Before going to OB in July 1996 she said she was looking forward to it but she was concerned about sleeping outside. In August 1996 she said that the most important thing she had learned at OB was to cook but that other than the fact that she liked the staff she had discovered nothing new. After the January course she said that she had enjoyed the course but had to leave as her arm was broken.

6. Perceptions of the experience of being in care

In June 1996 she said it still felt strange to be in the Home especially when other children fight with you. (She said she hit anyone who "messed with" her). In August 1996 she said she still had mixed feelings about the Home and although the staff were nice she did not like not being able to understand English and Xhosa so she often did not know what was going on around her. In February 1997 she said nothing had changed.

7. Conclusions

This young person has an IQ score which is very low (71) and although such an indicator is not complete on its own it takes on real significance in the context of her developmental history in which issue such as sexual abuse and being used to beg for her parents are common themes. Her current problems are thus not unexpected and it is likely that she will require very intensive dedicated work if she is likely to make any real progress. The GAS is definitely a reflection of her increasingly troubled behaviour which culminated in October 1997 with her refusal to attend school.

Compiled: August 1997

Revised: 12/10/97

Case Study: IB

1 Background information.

Date of birth:	24 th May 1981					
Date on which first committed to alternative care:	16 th September 1994					
Date on which committed to care of KWTCB:	June 1996					
Brief background:	Three children removed from mother's care in 1994 - one had died in 1994 at the age of 2. Unable to look after them due to alcohol abuse and lack of employment. Maternal grandmother had helped but unable to provide for all three children and had misused place of safety funds to purchase alcohol. IB (oldest child) was the only one attending school.					
Outward Bound experiences attended:	Aug 1996 January 1997					
Outward Bound assessment of the youth:	First course: IB confronted his many fears of the unknown and was able to master the challenges. He was well accepted by the group but never lead and was not involved in decision-making. Easily influenced. Second course: Not as anxious about challenges; well liked; willing to do more than his share of work; not involved in decision-making or leadership. Able to show compassion. Increase in confidence.					
Goal attainment scale scores. General ratings	GAS 1 Dec 96	SW:1 CCW:19 Self:9 OT:8	GAS 2 June 97	SW:-6 CCW:-12	GAS 3 Sept 97	CCW:6
Research interviews completed	June 1996 August 1996			Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports	

Educational level attained and year	Std 2/ Grade 4 failed in 1996
Current educational or skills involvement	Withdrawn from school. Involved in skills training.

Note: SW = Social worker
CCW= Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	<p>Major developmental problems According to the assessment of the Education Support Centre (15/5/96) he will not cope scholastically; his behaviour poses a risk to other children and he is poorly socialised. The OT report confirms this: His lack of scholastic progress is a concern as are remaining problems in his communication (OT 10/6/96).</p> <p>Strengths This assessment identifies none. The OT believes that he has made progress in the group he attends.</p>
Developmental status midway through intervention	<p>Improvements According to an OT report of 10/9/96 IB has good concentration abilities; improved communication skills; more responsible and more participative.</p> <p>New problems or deterioration The programme review of 1/10/96 confirms the above and adds the need for helping him with his substance abuse.</p>
Developmental status after intervention period and three month follow up.	An individual development programme drawn up in August 1997 identifies his strengths as being his character (friendly and cheerful), good sense of humour, good moral development, good sporting skills and ability to follow rules. The plan specifies a need to give him added responsibility and to involve him in sports coaching for younger boys. The importance of his work is acknowledged and plans are in place to find him another suitable apprenticeship.

3. Summary of intervention used with youth in six month programme period

Prior to his participation in the OB programme IB was part of a group run by the OT with a view to improving hand related functions in school related tasks. He was also referred to the Education Support Centre who reported that he should be placed in a child care (industrial) school as he would not be sufficiently contained on the campus. Between April 1996 and April 1997 there

were 12 individual social work contacts dealing with substance abuse and defiance towards the child care staff. No progress is reported. There were no services to or contact with his family. Since July 1997 the social worker has had contact with him about his dagga abuse. When last tested in September 1997 there was no trace of dagga in his urine - he thus appears to have stopped.

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

IB moved into an Outward Bound unit in May 1996 after having come to the Home in January 1996. There are no incidents of disruptive behaviour in the OB unit prior to his going to OB in late July 1996 although before June it was suggested that he used dagga (28/1/96). During August apart from his lack of appropriate social skills (14/8/96) and his difficulty in studying (21/8/96) there are no problems reported. On 3/9/96 he started skills training with a senior skills trainer and reported that he was very happy to be doing this. On 14/9 he became angry claiming that his egg had been stolen. He hid under someone's bed for the afternoon. On 17/9/96 he started to learn woodwork and became involved in an Occupational Therapy group again. The change in his behaviour is marked - less aggressive and more able to converse normally with adults (9/10/96; 23/10/96). Throughout October his pleasure in skills training seems to be associated with positive behaviour in the Unit (10/10/96; 25/10/96 etc). In early November it is suggested that he is using dagga (5/11/96) but he denies this.

In January 1997 he decides not to return to school (his progress was weak) and to engage full time in skills training. Until late January there are no problems and then within three days he is connected three times to things he does not own (20/2/97; 21/2/97 and 22/2/97). On 28/2/97 it is again suspected that he has stolen clothing but the child care worker does not raise this with him until 14/3/97 when he claims to have picked them up. On 6/3/97 it is reported that he is able to work independently in the garden with a gardener. By mid March (13/3/97 and 20/3/97) he is avoiding work unless reminded. The theme of skills training being positive for him carries on through April and at the end of the month he started working at a small business in King William's Town. He is able to get himself ready for work and dresses properly without prompting (8/5/97) and his social skills are improving (9/5/97). He enjoys being paid and takes pride in this. However, on 7/6/97 he uses his money to buy alcohol, drinks it and assaults one of the girls and is abusive to a friend of the child care worker. In the following week his behaviour is very disruptive. By 17/6/97 he refuses to greet the child care workers and withdraws from the other children. Throughout this he continues going to work until on 14/7/97 his employer states that he is no longer able to have him as a Department of Manpower inspector stated that the job training was exploitation of children and should thus stop. IB returns to working on the campus with the senior skills trainer but is no longer as forthcoming with his wages (29/7/97). (Social work file from this date on reports bizarre behaviour associated with use of dagga and a confession that dagga use was resumed in April 1997).

5 Perceptions of wilderness (Outward Bound experience)

Before the first experience he indicated that he was looking forward to the experience (June 1996). On his return he said that he found the water experience frightening as he does not understand English (Xhosa and Afrikaans) and could thus not follow the instructions. Other than that the experience was enjoyable. He learnt that you can solve problems if you work together with other people in a group.

6 Perceptions of the experience of being in care

In the June and August interviews he said that he was happy to be in care as he was fed and had money and clothing. However, he said that his greatest wish was that he could go home. For him language was the biggest problem he faced in his unit. Staff are described as caring and trustworthy and willing to help. The Director is the only one seen as having real power to change anything.

7 Staff perceptions of youth's development

He has gained confidence especially in his dealing with adults and is now more likely than before to greet them or approach them. He has developed his capacity to work and taken on board values such as punctuality and reliability. The youth have elected him to represent them on the Youth Council. He is likely to return to PE at the end of the year if a suitable apprenticeship can be found for him - he has responded to this with more enthusiasm indicating increased independence and willingness to leave the Home.

8 Conclusions

IB has exhibited cycles of fairly problematic behaviour but there is a general trend towards increased confidence and competence. It is almost as if an experimental cycle of testing limits in the workplace has led him to the conclusions that his self-interest is protected with less troubled behaviour. This does not appear to be a major problem as long as he is able to control his substance abuse as the most problematic behaviour appears linked to the use of dagga.

Compiled: September 1997

Revised: 11/10/97

Case Study :PB

1 Background information.

Date of birth:	24 th June 1979					
Date on which first committed to alternative care:	1993					
Date on which committed to care of KWTCB:	1993					
Brief background:	PB and his sister were committed to care in 1993 - their mother is deceased and maternal relatives are unable to care for the children. Although PB's file records that his father's identity is unknown his sister's file records that the father is also deceased and that although the paternal relatives are interested in caring for the children these efforts are sabotaged by the maternal relatives.					
Date of discharge:	He will be discharged at the end of 1997 but is currently living in an independent unit attached to one of the group houses.					
Outward Bound experiences attended:	July/August 1996 December 1996					
Outward Bound assessment of the youth:	After the first course the staff reported that he was positive and able to deal with challenges because of his attitude. He was actively involved in the group with good social skills. PB avoided confrontation and leadership although others followed his disciplined example.					
Goal attainment scale scores. General ratings	GAS 1 Dec 96	SW:4 CCW:9	GAS 2: March 97	SW4	GAS 3 June 97	SW:14 CCW:3
					GAS4 Sept 97	CCW:5
Research interviews completed	June 1996 August 1996			Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports	
Educational level attained and year	Std 3 1996					
Current educational or skills involvement	Working					

Note: SW = Social worker
CCW = Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	On 23/4/96 PB was summoned to appear in court on a theft charge. Major developmental needs He is described as impulsive and unable to resist temptation. Poor moral development. Aggression and bullying towards the younger children. Strengths Artistic ability. (Individual development programme: April 1996)
Developmental status midway through intervention	The November 1996 programme review indicates that he is no longer involved in bullying and has made progress in resisting the influence of others. As a result he is not as closely identified with "delinquent" standards. New problems or deterioration Substance abuse (dagga)
Developmental status at follow up.	A Life Space assessment was done but the report was not written.

3. Summary of intervention used with youth in six month programme period
There were no social work services rendered to this young person in the period April to December 1996. In September 1996 an occupational therapy report reported on his status in a group run by the occupational therapist. He is described as creative, friendly, self sufficient, good concentration and focus when he is able to work independently. The OT involved him in skills training and found him an apprenticeship type-position at the end of 1996 when he withdrew from school. He was involved in this apprenticeship until October 1997 and the employer had offered him accommodation. However, due to the behaviour of him and his friends while moving into the premises he has been fired (9/10/97). Dagga use and the supply of other youth are involved.

4 Child care logs of the twelve month monitoring:
Six month intervention period; the three months prior to this and three months after.
April 1996 to April 1997.

The child care logs between later 1995 and June 1996 are not on file. Between 3/6/96 and leaving for the first OB experience he is described as being unhappy about not going out for the holiday (only one in his unit) because of his behaviour. The child care workers allow him to spend time on another campus. On his return from OB he reported that he enjoyed the course (5/8/96) and is proud of his OB certificate (8/8/96) - he makes a frame for it and hangs it on his wall (10/8/96). On 13/8/96 he gets a good school report but also a final warning from the school that if he does not improve his conduct he will be expelled. Between 23/8 and 26/8 he resists his involvement in chores and is resistant to the instructions of child care workers. On 31/8 the OT gives him

material for making a wire car and the next weekend he goes on a short camp. Both experiences are viewed as positive. On 6/9 and 7/9 he resists involvement with all other youth but after that for a few days his behaviour stabilises and his involvement in making the toy is a prime occupation. On 14/9 he and friends steal fruit from a tree in the neighbourhood. On 15/9 he finds that some of his clothes have been stolen off the washing line - later he finds a youth in town wearing them and takes them back. Over the next week his skills training with the senior skills trainer and the wire cars keep him happy but by 18/9 he is unhappy about not going out for the coming holiday. On 21/9; 22/9 and 23/9 he is openly defiant of rules and instructions; bullies another child and tries to provoke the child care worker. After the holiday (which is easier than the previous holiday as he is not alone) the child care worker talks to him about his future (permanency plan) - he responds well to the idea that he will be discharged. Soon after this he falls ill for a while. His behaviour remains defiant and on 29/10 he states that if he cannot go home for the next holiday he will kill himself. On 26/10; 1/11; 3/11; 5/11 and 8/11 he appears to have been using dagga. In a meeting with the Director he admits to smoking dagga and agrees to stop. The child care workers assist in keeping him busy to help him avoid the dagga (9/11 to 16/11).

The logs are missing until 21/1/97 when it is reported that he and the Director agree that he will no longer attend school but will get involved in skills training so that he is able to be self sufficient when he leaves care. Between this date and 12/2/97 he does not appear to use dagga and gets individual support and attention from the occupational therapist. He appears to enjoy the skills training. On 14/2 he reports that others are pressuring him to use dagga again. He is attending adult literacy classes. The positive run which includes participation in chores ends towards 26/2/97 when there is again a marked increase in aggressiveness towards other children. On 11/3 and 23/3 his entrepreneurial skills are evident when it is learnt he buys sweets for others to sell at school. On 15/3 he is involved in a fight. On 21/3 he expresses his sadness that the social worker is sending him and his sister to different holiday placements. He does however enjoy the placement and returns from the holiday happy. On 19/4/97 he appears to withdraw from involvement in the President's Award skills training. Although not strictly the period under review the following significant issues should be noted:

In early May 1997 he started to work and enjoys having the money but there are reports that he is smoking and drinking alcohol on the campus and in the presence of smaller children (some of whom are sent to buy the alcohol). He remains oppositional and defiant. However, he attends work regularly and appears to be coping.

In October 1997 he was fired from work due to the behaviour of him and his friends on the work premises. Dagga abuse is associated.

5. Perceptions of wilderness (Outward Bound experience)

Prior to the OB experience (26/6/96) he said that he was looking forward to the OB experience where he would be able to climb mountains and help other people. He was not worried about any aspect of the course. In the August 1996 interview he said he had enjoyed the challenges of OB and had learned the importance of sharing; of helping; of talking about problems and getting to know yourself. OB had a good influence on friendships.

6. Perceptions of the experience of being in care

On 26/6/96 he said he was happy to be in care as he could go to school and they gave him money - he did however not like the routines such as bedtime. In the August 1996 interview he gave the same reasons for being happy to be in care. He felt the skills training was good as it would allow him to leave the Home with "something" and that would help him survive. Relationships with staff and children are described as good.

7. Staff perceptions of development

He has shown entrepreneurial flair as he now purchases goods on auction and sells the goods at profit. He is not experienced in the same way by all staff and is thus demonstrating differential approaches to different adults. He has gained life skills for independent living. He has shown himself to be realistically ambitious. Prior to the recent incidents he has received very good work reports.

8. Conclusions

The connection between the behaviour associated with dagga abuse and his loss of a cherished employment and living situation are noted. He appears to be a complex youth with many contradictions - his behaviour in the unit is so negative but yet he coped in a work environment for an extended period.

Compiled: August 1997

Revised: 12/10/97

Case Study :MB

1 Background information.

Date of birth:	6 th December 1981					
Date on which first committed to alternative care:	May 1993					
Date on which committed to care of KWTCH:	14 th July 1993					
Brief background:	MB is the third of four siblings. He was removed from his mother's care when she indicated that she was unable to control him. His parents divorced in 1991 and disputes about alcohol abuse and access were common. At the time of his removal his mother was engaged to another man with whom MB had a negative relationship. He was in Std 4/Grade6. MB suffers from poor eyesight, scoliosis and enuresis.					
Outward Bound experiences attended:	July/August 1996 December 1996					
Outward Bound assessment of the youth:	Enthusiasm and openness are the central descriptions of MB given by OB staff. Strengths include his organisational skills, creative thinking and discipline. His struggles were in his inability at times to accept the point of view of other people.					
Goal attainment scale scores. General ratings	GAS 1 Dec 96	SW:-2 CCW:-14 Self:6 OT:-14	GAS 2 June 97	SW: 3 CCW:34	GAS 3 Sept 97	CCW:10
Research interviews completed	June 96 August 96 Feb 97			Other data sources	Child care logs Programme Social Worker's notes Student social workers OB reports Occupational therapy reports Statutory files and reports	
Educational level attained and year	1996 Std 6/Grade 8					
Current educational or skills involvement	1997 Std 7/Grade9					

Note: SW = Social worker
CCW= Child care worker

2. Developmental progress of youth concerned

Developmental status prior to intervention period	Major developmental problems His programme review of 13/3/96 indicates that enuresis (nocturnal); low attention span and easy distractibility and low self image are concerns. The school documented problems of aggression and racism. Strengths Ability to make friends.
Developmental status midway through intervention	Improvements His programme review of 21/11/96 indicates improvement in his nocturnal enuresis; an improved ability to maintain friendships. New problems or deterioration Communication skills are weak and he often appears defiant or disinterested even if he is not.
Developmental status after intervention period	A Life Space Assessment of September 1997 indicates that MB has developed maturity recently which enables him to cope with negative experiences at Home. He has become more independent and only approaches adults with whom he has good relationships. He communicates well and is able to participate more appropriately in conversations. He still has limited positive peer relationships and although he does not have relationships with community people he does participate in some community- based activities. He now responds well to duties and an improved self-concept is evident.

3. Summary of intervention used with youth in six month programme period

In the period from March 1996 to the end of 1996 the social worker had 14 individual sessions with MB. From May to August of that period the focus was on helping MB adjust to the Outward Bound Unit where he was finding the experience of living with so many black children overwhelming. In late August 1996 MB was moved out of the Outward Bound unit into a small unit with a senior child care worker who was able to focus on his needs for nurturance more directly. The impact of this move was massive - many problems such as those manifesting at school (truancy; cheekiness; not interested in school work) almost immediately disappeared. In January 1997 he was moved into a mixed unit (ages, gender, races) and appeared to be adapting well. There were five contacts in the same period with the mother/stepfather and/or reconstruction social worker. Another social worker took over working with MB in the second half of 1997.

In November 1996 the occupational therapist identifies poor communication skills (rude and cheeky) as one of his greatest problems. Intelligence and an artistic ability are identified but he

resists efforts to involve him in a craft group.

4 Child care logs of the twelve month monitoring:

Six month intervention period; the three months prior to this and three months after.

May 1996 to April 1997.

Initially MB settled well in the OB unit but by 21/5/96 he was complaining that the black boys were stealing his things. On 23/5/96 he and two friends broke a window and on 30/5/96 he ran away with a female friend. On 9/6/96 he broke another window and between 10/6/96 and 17/6/96 there are daily reports of his refusal to be involved in household chores. His response to OB is reported as being positive (5/8/96) but by 14/8/96 his behaviour is reported as increasingly disruptive. Elements of racism are evident in his dealing with child care workers (14/8/96). Once he had been moved into the other unit his behaviour improved dramatically with his school work getting attention again. The school reports the same improvement (12/11/96). In January 1997 he was moved to the mixed unit and settled well. His family contact is now more with his father than his mother. In the period from 24/1/97 to end May 1997 MB experiences many difficulties at home such as his mother being assaulted by the step father and lack of food. He is able to share these with the child care worker who reflects his feelings and helps him to plan for his weekends. Although there are incidents of trouble at school and misbehaving in the Home no volatile outbursts are recorded as happened in the first part of the monitored period.

5. Perceptions of wilderness (Outward Bound experience)

Before going to OB MB was well informed and able to give details of what they would be doing - eg. hiking and solo (June 1996). In August 1996 he remained positive about OB saying that he had learnt a great deal and had been able to overcome his fears. He said that what he had gained was a bigger appetite and a willingness to be more naughty. In a February 1997 interview (after the second OB experience) he is able to report that he has discovered that if you want to do something you must keep at it until it is finished and that things which look difficult turn out not to be so difficult. He said that community service was enjoyable and that in all OB was very good for him.

6. Perceptions of the experience of being in care

In June 1996 MB said "I've been here three years now and I've got to live with it". He reported positively on his friendships and the fact that there was always food available. In the August 1996 interview he was still positive about the Home but concerned about the theft of his things - he claimed that nothing was being done about his concerns. He also expresses reservations about social workers who make him "feel uncomfortable" but indicates that he is more than willing to talk about "deep things" to child care workers.

7. Staff perceptions of development

MB's development since being moved out of the OB unit is dramatic and includes a much more mature approach to other youth including the black youth with whom he had had problems. He has been elected onto the Youth Council by his peers. He has found himself a weekend job and his interest in First Aid and rugby have been sustained. He is showing an interest in computers.

8. Conclusions

MB appears to be functioning well with many of his behavioural problems being associated with the period in the Outward Bound unit. The connection between this and the fact that white youth were outnumbered and that both child care workers were black cannot be ruled out in the light of direct observations of racism. Nevertheless, in terms of his general functioning and scholastic progress MB is doing well. His ability to cope with the constantly changing volatile nature of his home life indicates some strength in his personality.

Compiled: September 1997

Revised: 12/10/97

Appendix 3

Questionnaires and Interview Schedules

The first 10 schedules represent the structure given to the research assistants and used by myself for planned interviews. Process notes were used for the many spontaneous opportunities I, and the research assistants, had to discuss the project with the youth and staff at the Home and from Outward Bound. My interviews with staff other than the child care workers followed a standard process of asking a question such as "Tell me how things are going now?" and then taking direction from the staff member. Other interviews were based on specific events or issues raised by the staff or youth. There were no "data collection instruments" for these interviews which yielded rich data and were recorded by means of process notes taken during the interview. My "black book" became a tool for data collection as I was often asked by staff to record something in it - so that they would not forget to discuss the issue with other staff. It provided a chronological record of interviews and meetings and assisted in reviewing the process.

The Life Space Assessment and the Goal Attainment Scale were two other instruments used and they are presented in Appendix 1.

- A. Staff questionnaire: Perceptions of the Project
Handed out to all project team members employed at the Home in June 1996.
- B. Questionnaire administered to youth in June 1996. Group administered but youth asked to fill it in. The questionnaire is too long and although there is an effort to use the most simple English the questionnaire was not accessible to youth for language and literacy reasons. Many completed it - some with the help of research assistants - but it was not a satisfactory process.
- C. Individual interviews after Outward Bound experience. These were conducted by research assistants in the home language of the child. The first 10 were recorded and transcribed to check that the content and spirit was being respected. After that the assistants filled in the forms during interviews. These were used after the first experience in August 1996 and then with the next residential and community youth group in April 1997.
- D. Follow-up interviews with youth just prior to second experience - first intake. October 1996
- E. Interviews after the second experience. February 1997. Discharged youth. Same guide used for youth traced in May 1997 excluding the Outward Bound questions. Interview conducted in home language of the youth.
- F. Interviews conducted after the second experience with youth still in care. February 1997.
- G. Interview schedule for new youth in residential care. February/March 1997. This schedule extracted the most important questions from the first questionnaire and tried to make the whole process shorter and less stressful for the youth.

H. Interview schedule for Breidbach youth before first experience. This was administered in English and Afrikaans depending on the preference of the youth concerned. Only the English version is given here.

I. Interview schedule for Breidbach youth and their mothers after the first Outward Bound experience.

J. Interview schedules for staff - child care workers. October 1996; March, May and October 1997.

Outward Bound uses the following report formats:

K. Student report format given

L. Course report format given

This appendix also contains:

M. The questionnaire sent with the Manual to the Homes for peer review

Questionnaire A

Staff questionnaire: Perceptions of the Project

IMC Pilot Project: King William's Town Children's Home

- 1 Name
- 2 Job title or name (eg. driver)
- 3 Qualifications relevant to your present job (if any)
- 4 Brief description of your job: Please describe the main areas of responsibility in general and then with specific reference to the children in this project.
- 5 Brief description of your understanding of this project (what is its purpose, how long will it last, what will be happening, why is it needed and any other issue you want to mention.)
- 6 Please list all the people you think are in the project team and say what each one does.
- 7 Draw a picture (organogram) that shows where you think you fit into the project team - in your picture indicate where all the other people who are involved fit?
- 8 Brief description of your role. (What is it that you will be doing in this project?)
- 9 In what ways will the children be getting anything different/will the children have a different experience during this project from what they normally get?
- 10 In terms of your answer to the previous question please give concrete details of what you think you will have to do that is different or extra from what you normally do.
- 11 Please describe how you have been prepared for this project. Has this been enough?
- 12 How are you feeling about the project in general? Give reasons
- 13 How do you think the children who are involved are feeling? Give reasons
- 14 How do you think the children who are not involved are feeling? Give reasons
- 15 How do you think the rest of the staff team are feeling? Give reasons
- 16 How do you think the staff who are not involved are feeling? Give reasons
- 17 Any other comments?

Thank you for your time.

Questionnaire B

East London, 26 June 1996

Hi

My name is Felicity. I have been asked by the Children's Home to do some research on the Outward Bound programme and the Home.

☛ Research is where one finds out as much as one can about something to see if it is working well or not. Research helps the people who are in charge of things to make decisions about changing things or keeping them the same.

The Children's Home is all about you - you are the most important people here so I cannot do research without talking to you. You will be seeing a lot of me over the next months and I hope we will have time to talk to each other.

First, I need you to help me by telling me about yourself.

☛ Everything you tell me is confidential - I will not show these papers to anyone at the Home without asking you first. What I will do is to take all these papers and make a summary and that is what I will tell the Home. If you have something you want me to tell them then I will and if you tell me something that is very important and I think they should know about it I will ask you if I can tell them.

I look forward to getting to know you.

Felicity Coughlan

Tell me about yourself.

1. What is your name?
2. Do you know why you were given that name?
3. What standard are you in at school?
4. How old are you?
5. When is your birthday?
6. Who are the two people in your unit you most like to do things with?
a:
b:
7. Who are the two people in your unit you most like to be with?
8. In the whole Children's Home who do you most like doing things with?
9. In the whole Children's Home who do you most like being with?
10. Tell me what you know about the Outward Bound programme you are going on
11. How do you feel about this now?
12. What are you most looking forward to?
13. What are you most worried about/not looking forward to?

Please tell me more about you.

14. What makes you really happy?
15. What do you do when you feel happy?
16. What makes you angry/cross?
17. What do you do when you feel angry?
18. What makes you sad?
19. What do you do when you feel sad?
20. Please tell me how you feel about being in the Children's Home? Can you give some reasons?
21. What is the best thing about the Home?
22. What is the worst thing about the Home?
23. Tell me about your family.

Thank you for telling me these things about yourself.

RESEARCH ASSISTANTS

King William's Town Children's Home and Outward Bound

First individual interviews

The following questions should be asked but assistants are encouraged to seek additional information and to probe answers if and when this is possible. Please use words in the home language of the child that are appropriate to his/her developmental level. The first three interviews each must be taped/transcribed and translated and notes taken on this form.

Please tell the children you are giving the tapes and questionnaires to me – I will not give individual information to the Home but will give them group information.

Please explain that the purpose of the interview is to make sure that they – the children – who are the most important people in the Home get an opportunity to tell us what they think about what is happening to them.

Name of youth interviewed:

1. How long have you been at the Children's Home and where did you live before coming here?
2. How are you feeling about the Home at the moment - can you give reasons?
3. What can you tell me about the experiences you had at Outward Bound?
4. What is the most important thing you learned while you were there? Explain?
5. Can you tell me if there was anything you did not like? Explain?
6. Can you think of any ways that Outward Bound has changed you or things at the Home?
7. What are your plans for the future?
8. Do you tell anyone about them?
9. What do you think the Children's Home has planned for you? How do you know?
10. The Children's Home has set up skills training sessions for girls and boys - what have they involved you in and how is it going?
11. How would you describe the relationships between the boys and girls in the Outward Bound units? Have these changed in any ways since the Outward Bound experience?
12. What do you think is the biggest problem still faced between you and the other people in your unit? What do you think can be done about it?
13. What can you tell me about your relationships with the Outward Bound staff?
14. What can you tell me about your relationship with staff here at the Children's Home? Can you give examples?
15. If you were worried about something who would you speak to on the staff and why?
16. Who would you probably not talk to? Can you give reasons?
17. Is there anything else you want to tell me about that you want me to let the researcher know?

Interview schedule D

Interview schedule: youth between courses

Name of youth:

Name of interviewer:

Please keep these interviews as unstructured as possible but cover the following areas:

1. How is the youth currently coping?
2. How are the relationships in the units?
3. How involved are they in skills training?
4. How are they feeling about going back to Outward Bound?

Probe and seek their feelings as much as you can without putting any pressure on the youth.

Interview schedule E

Interviews after the second OB course: Feb 1997

Discharged youth

1. How are you feeling about being at home? How are you coping? What are the good and bad things about being at home now?
2. Have you had any contact with anyone from the Home since you got home? How do you feel about this?
3. Did you go on the second Outward Bound course? Can you tell me about it? What was the best part of this course? What was the worst part? Would you go back if you could?
4. Looking back at your time in the Home what do you have to say about it all now?
5. What are your plans for the rest of the year and your future after that?

Interview schedule F

Interviews after the second OB course: Feb 1997

1. How are you feeling about being in the Home at the moment? How are you coping? What are the good and bad things about being in the Home now?
2. How involved are you in skills training? What do you have to say about skills training?
3. Did you go on the second Outward Bound course? Can you tell me about it? What was the best part of this course? What was the worst part? Would you go back if you could?
4. Looking back on the last six months what do you have to say about it all now?
5. What are your plans for the rest of the year and your future after that?

Interview schedule G

New youth: questions before first course

Begin the interview by introducing yourself and the research process. Ask what the other youth have told them about the research and clarify any misconceptions. Stress their importance and how we need their help to research this project. Stress confidentiality. Work in the Home language of the youth - if a youth presents to you for an interview and you do not speak the language please take the youth to another assistant who does.

1. Name of youth
2. How long in this Home?
3. Where was youth before and why are they now here?
4. How do you feel about being in this Home now?
5. What do they know about the Outward Bound course that is coming?
6. How are they feeling about the course and the project?
7. How old are they and what level are they at at school?
8. What skills training are they involved in?
9. Is there anything else they want to say?

Interview schedule (structured) H

Schedule I

Interviews with the Breidbach youth who will be part of Outward Bound

1. Name
2. Age and Date of birth
3. Address
4. School if attending and present standard.
5. If not at school what are you currently doing?
6. If you are not at school can you give me reasons and tell me if you intend to go back one day?
7. Where did you hear about this project at the Home?
8. What do you know about what they are offering you?
9. Why do you want to go to Outward Bound?
10. What do you know about Outward Bound? What are you expecting? What are you excited about?
11. Is there anything else you can tell me that will describe how you feel about everything that is happening at the moment in your life?

Breidbach interviews: after OB

Please explore with the youth and any mothers/parents you are able to get to, the following general issues:

1. What can you tell me about Outward Bound? What did you enjoy? Not enjoy? (ask the mothers what they have been told about OB)
2. Has OB changed anything? If so, what? (Probe: relationships, plans for the future, conflict)
3. What are you doing at the Home currently? How do you feel about it? Do you have comments or suggestions? For the mothers check with them how much they know about what is happening at the Home in terms of skills training.
4. Will the youth be going back to OB?
5. Did they finish the course and if so why? If not why not?

Schedule J

Interviews with child care workers and other staff

October 1996:

1. How is the project going in your opinion?
2. What impact has it had on youth?
3. What are your general feelings about the project? Is it a good idea? What should we be doing differently?
4. What are the problems or challenges you are currently facing in your work?
5. What comments do you have you would like Felicity to know about?

1997

As for October 1996 but at each of the formal interviews in 1997 the research assistants took the list of issues raised by the workers at the last interview (and as summarised in my reports) and asked for further comment or details of change on that issue.

Format of Outward Bound reports: K, L

STUDENT REPORT

Report K

Name:

Course dates:

Course:

Instructors:

Reaction to challenge:

Ability to work in a group:

Decision-making:

Leadership:

General:

COURSE REPORT

Report L

Course number and date:

Student number:

Course co-ordinator:

Instructors:

Logistics:

Course Aims:

Accidents/Incidents/Near misses: (number and detail)

Doctor visits

Early departures:

Programme:

Concerns/Recommendations/Amendments:

Nuts and bolts:

Conclusion:

ALTERNATIVES IN RESIDENTIAL CARE

RESEARCH QUESTIONNAIRE

Thank you for your willingness to complete this questionnaire. Your comments and suggestions will assist me in developing this material so that it can contribute in some small way to residential child care in this country. Please complete this questionnaire and return it to me in the enclosed stamped, addressed envelope. Please be as honest as you can - it is important that I get a good idea of how relevant this material is for a wide range of different organisations.

Except for the first two sections (identifying details and demographic information) I have asked very open ended questions as I would like you to feel free to make any comments you would like to make. The purpose of making this material available to you is to ensure that I remain sensitive to how it might or might not appeal to other Homes in the country so your honest (un-edited) comment will be most valuable.

Any suggestions you have on how this material could be improved would be equally valued.

Thank you once again for your time and effort. Please feel free to keep the manual and to use the information in it to the benefit of your organisation.

Felicity Coughlan

Identifying details

You will not be identified in any report on this survey but providing this information will help me to keep track of which questionnaires are still outstanding and will also give me your contact details to send you additional material at a later date.

Name of Children's Home

Name and position of person completing questionnaire

Province of Home

Demographic information

This information will help me to understand the comments you have made about the relevance of this manual for your organisation - It is anticipated that different parts of the manual will have different relevance for different organisations. Even if you do not wish to complete this section please complete the rest of the questionnaire.

Children

Number of children in care

Boys

Girls

Percentage of children from different population groups (please estimate if you are not sure or give numbers of children if percentages are not known)

Black

White

Indian

Mixed heritage / Coloured

Other (specify)

Staff

Total number of staff

Child care workers

How many of these child care workers have at least a basic qualification (such as the BQCC or equivalent) in child care?

How many have no formal child care qualification?

Social workers

Occupational therapists

Other professions (please specify)

What is the demographic profile of your staff (give percentages or numbers)?

Gender

Male

Female

Population group

Black

Mixed heritage / coloured

White

Indian

Other (please specify)

The manual itself

The following section focusses on the manual. Please make any additional comments you would like to make in the space provided. For ease of completion I have followed the order in which the material is presented in the manual.

Please use the back of this questionnaire for any additional comments or suggestions you would like to make about the material sent to you.

Wilderness experience in residential care

Do you use the wilderness for the youth in your care? If you do please briefly indicate the kind of experiences you use. If you do not then please give reasons.

Please comment on the section discussing wilderness experiences in this manual. Was there anything relevant to you or useful in our comments? Please explain.

Residential care

How familiar are you/ is your organisation with the policy outlined by the IMC?

Focussing on the sections on Integrated living; the specific areas we paid attention to; the roles and functions of professional staff and skills training (pp 9 - 24) please answer the following questions giving reasons for your answers whenever possible.

What, if any, section was most relevant for your organisation?

What, if any, section was least relevant for your organisation?

Are there any sections of this part of the manual that you may use or could find useful in your own work? If there are please indicate which they are and why you think they may be useful. If none of the sections are of any use to you please give a reason for that.

Focussing on the sections on the Youth Council, Child Care Forum, Staff representative team and our policies on substance abuse and adolescence please comment on the following.

Which if any of these ideas are useful for you. Please explain.

Which, if any, of these ideas are of no use to you. Please explain.

Goal attainment scale

Focussing on the scale which is presented in the appendix and the explanation of the scale on page 25 please comment on the scale. You could comment on its relevance for your youth; its usefulness as a measure of change or any other comments, concerns or suggestions that you may have about it.

Life Space Assessment

This was not included in the original manual as it may be in conflict with the assessment process being introduced through Project Go. I have included it here as it has been useful for us in our work. As with the Goal Attainment Scale please comment on this Assessment format.

Thank you once again for taking the time to send me this feedback.

Please return this questionnaire to me by 10 June 1998 if at all possible.

Thank you.